The Health Survey for England 2009 – Household Questionnaire

P2927   **The Health Survey for England 2009**

Programme Documentation

Household Questionnaire

Point
SAMPLE POINT NUMBER.
Range:1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS
TAKEN FROM A.R.F. ADDRESS LABEL. MAKE SURE TO TYPE IT EXACTLY AS IT IS
PRINTED.
   Text: Maximum 10 characters.

First
INTERVIEWER: FOR YOUR INFORMATION YOU ARE IN THE QUESTIONNAIRE FOR
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

DateOK
Today's date according to the laptop is *(date).* Is this the correct start date of this interview?

WhoHere
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.
        1   Continue

IF First person in household OR More=Yes THEN
   Name
   What is the name of person number (1-12)?
   ENTER PERSON'S FORENAME

   More
   Is there anyone else in this household?
              1   Yes

2   No

ENDIF

(Name and More repeated for up to 12 household members)

HHSize
Derived household size.
Range: 1..12

SizeConf
So, can I check, altogether there are *((x) number from HHSize)* people in your household?
    1   Yes
    2   No, more than *(x)*
    3   No, less than *(x)*

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS (MAXIMUM 12)

Person
Person number in Household Grid
    Range: 1..12

Name
First name from WhoHere

Sex
INTERVIEWER: CODE *(name of respondent's)* SEX.
    1   Male
    2   Female

DoB
What is *(name of respondent's)* date of birth?

Enter Date in numbers, Eg. 02/01/1972.

AgeOf

Can I check, what was *(name of respondent's)* age last birthday?
    Range: 0..120

IF AgeOf = NONRESPONSE THEN
  AgeEst
  INTERVIEWER CODE: ASK IF NECESSARY *(are you / is he/she)* AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
  IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
        1   Under 2 years
        2   2 to 15 years
        3   16 to 64 years
        4   65 and over
ENDIF

IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
    MarStat
Are you (is he/she)
ASK OR RECORD. CODE FIRST THAT APPLIES.
      1   ...single, that is never married,
      2   married and living with *(husband/wife)*,
      3   civil partner in a legally recognised Civil Partnership
      4   married and separated from *(husband/wife)*,
      5   divorced,
      6   or, widowed?
      7   formerly in a legally recognised civil partnership and separated from civil partner
      8   formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
      9   a surviving civil partner (his/her partner has since died)

    IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed) THEN
        Couple
May I just check, are you (is *he/she*) living with anyone in this household as a couple?
ASK OR RECORD
        1   Yes
        2   No
        3   SPONTANEOUS ONLY - same sex couple
    ENDIF
ENDIF

IF AgeOf = 16 - 17 THEN
    LegPar
Can I check, do either of *(name of respondent's)* parents, or someone who has legal parental responsibility for *him/her*, live in this household?
    1 Yes
    2 No
ENDIF

    IF (AgeOf = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst =Under 2 years or 2 to 15 years) THEN
    Par1
Which of the people in this household are *(name of respondent's)* parents or have legal parental responsibility for *him/her* on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97
        Range: 1…97

    IF Par1 = 1..12 THEN
    Par2
Which other person in this household is *(name of respondent's)* parent or have legal parental responsibility for *him/her* on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.
        Range: 1…97

    Nat1Par

SHOW CARD B

From this card please tell me what is the relationship of *(name of respondent)* to *(name of parent/legal guardian)* [Par1] Just tell me the number beside the answer that applies to *(name of respondent)* and *(name of parent/legal guardian)*.

IF (Par2 IN 1..12) THEN
    Nat2Par
    SHOW CARD B
    From this card please tell me the relationship of *(name of respondent)* to (Just tell me the number beside the answer that applies to *(name of respondent)*.

    Person to Nat2Par repeated for up to 12 members of the HH

    ENDIF
  ENDIF
ENDIF

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN
    SHOW CARD A
    What is *(name of respondent's)* relationship to *(name)*? Just tell me the number on this card.

1	husband/wife
2	partner/cohabitee
3	natural son/daughter
4	adopted son/daughter
5	foster child
6	stepson/daughter/child of partner
7	son/daughter-in-law
8	natural parent
9	adoptive parent
10	foster parent
11	stepparent
12	parent-in-law
13	natural brother/sister
14	half-brother/sister
15	step-brother/sister
16	adopted brother/sister
17	foster brother/sister
18	brother/sister-in-law
19	grandchild
20	grandparent
21	other relative
22	other non-relative

ASK ALL

HHldr
In whose name is the accommodation owned or rented? Anyone else?
CODE ALL THAT APPLY.
(Codeframe of all household members)

> 1-12   Person numbers of household members
> 97   Not a household member

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?
(Codeframe of adult household members)
> 1-12   Person numbers of household members

IF More than one person coded at HHldr THEN
HiHNum
You have told me that *(name)* and *(name)* jointly own or rent the accommodation. Which of you /who has the highest income (from earnings, benefits, pensions and any other sources)?
ENTER PERSON'S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13
> *(Codeframe of joint householders)*
> > 1-12   Person numbers of household members
> > 13   Two people have the same income

IF HiHNum=13 THEN
JntEldA
ENTER PERSON NUMBER OF THE **ELDEST** JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.
ASK OR RECORD.
> *(Codeframe of joint householders)*
> > 1-12   Person numbers of household members
ENDIF

ELSEIF HiHNum=Don't know or Refused

JntEldB
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.
ASK OR RECORD.
> *(Codeframe of joint householders)*

ENDIF
ENDIF

HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)
PRESS <1> AND <Enter> TO CONTINUE.

DVHRPNum
Person number of Household Reference Person

Eligible
INTERVIEWER: FOR YOUR INFORMATION THE PERSONS IN THIS HOUSEHOLD ELIGIBLE FOR INDIVIDUAL INTERVIEW ARE:
(List of eligible respondents)

ASK ALL
Tenure1
SHOW CARD C
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
   1   Own it outright
   2   Buying it with the help of a mortgage or loan
   3   Pay part rent and part mortgage (shared ownership)
   4   Rent it
   5   Live here rent free (including rent free in relative's/friend's property; excluding squatting)
   6   Squatting

IF Tenure1=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
   JobAccom
   Does the accommodation go with the job of anyone in the household?
      1   Yes
      2   No

   LandLord
Who is your landlord?
         READ OUT AND CODE FIRST THAT APPLIES.
               1   ...the local authority/council/ New Town Development,
               2   a housing association or co-operative or charitable trust,
               3   employer (organisation) of a household member,
               4   another organisation,
               5   relative/friend (before you lived here) of a household member,
               6   employer (individual) of a household member,
               7   another individual private landlord?

   Furn1
   Is the accommodation provided...READ OUT…
      1   ...furnished,
      2   partly furnished (e.g. curtains and carpets only),
      3   or, unfurnished?
ENDIF

ASK ALL
Bedrooms
How many bedrooms does your household have, including bedsitting rooms and spare bedrooms?
EXCLUDE BEDROOMS CONVERTED TO OTHER USES (e.g. bathroom). INCLUDE BEDROOMS TEMPORARILY USED FOR OTHER THINGS (e.g. study, playroom).
   Range: 0..20
ENDIF

ASK ALL
PasSm
Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

    1   Yes
    2   No

IF PasSm = Yes THEN
    NumSm
    How many people smoke inside this (house/flat) on most days?
        Range: 1..20
ENDIF

ASK ALL
Car
Is there a car or van **normally** available for use by you or any members of your household?
INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

    1   Yes
    2   No

IF Car = Yes THEN
    NumCars
    How many are available?
        1 One
        2 Two
        3 Three or more
ENDIF

    SrcInc
    Please look at SHOW CARD D. There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of income you *(and your husband/wife/partner)* receive?
    PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY
      1   Earnings from employment or self-employment
      2   State retirement pension
      3   Pension from former employer
      4   Personal Pensions
      5   Child Benefit
      6   Job-Seekers Allowance
      7   Pension Credit
      8   Income Support
      9   Working Tax Credit
      10 Child Tax Credit
      11 Housing Benefit
      12 Other state benefits
      13 Interest from savings and investments (e.g. stocks & shares)
      14 Other kinds of regular allowance from outside your household (e.g. maintenance, student's grants, rent)
      15 No source of income

NJntInc
SHOW CARD E
This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents *(your/you and your husband/wife/partner's combined)* income from all these sources, before any deductions for income tax, National Insurance, etc? Just tell me the number beside the row that applies to *(you/your joint incomes)*.
  ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
   Range: 1..31, 96, 97

IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN
OthInc
Can I check, does anyone else in the household have an income from any source?
    1 Yes
    2 No
IF OthInc = Yes THEN
  HHInc
  SHOW CARD E
  Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.
    ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
     Range: 1..31, 96, 97
  ENDIF
 ENDIF
ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv
SHOW CARD F
Which of these descriptions applies to what *you/name* (Household Reference Person) were doing last week, that is in the seven days ending *(date last Sunday)?*
CODE **FIRST** TO APPLY.
  1 Going to school or college full-time (including on vacation)
  2 In paid employment or self-employed (or away temporarily)
  3 On a Government scheme for employment training
  4 Doing unpaid work for a business that you own, or that a relative owns
  5 Waiting to take up paid work already obtained
  6 Looking for paid work or a Government training scheme
  7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)
  8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16- 64 OR WOMEN AGED 16-59)
  9 Retired from paid work
  10 Looking after home or family
  11 Doing something else (SPECIFY)

IF NHActiv=Doing something else THEN
  NHActivO

      OTHER: PLEASE SPECIFY.
      Text: Maximum 60 characters
ENDIF

IF NHActiv=Going to school or college full-time THEN
    HStWork
Did *you/name* (Household Reference Person) do any paid work in the seven days ending *(date last Sunday)*, either as an employee or self-employed?
        1   Yes
        2   No
ENDIF

IF (NHActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HstWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) THEN
    H4WkLook
Thinking now of the 4 weeks ending *(date last Sunday)*, were *you/name* (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?
        1   Yes
        2   No
ENDIF

IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes THEN
    H2WkStrt
If a job or a place on a Government training scheme had been available in the *(7 days/four weeks)* ending *(date last Sunday)*, would *you/name* (Household Reference Person) have been able to start within two weeks?
        1   Yes
        2   No
ENDIF

IF NHActiv = (Looking for work or a government training scheme . .Doing something else) OR (HStWork = No) THEN
      HEverJob
Have *you/name* (Household Reference Person) ever been in paid employment or self-employed?
        1   Yes
        2   No
ENDIF

IF NHActiv=Waiting to take up paid employment already obtained THEN
    HOthPaid
Apart from the job *you/name* are waiting to take up, have *you/name* (Household Reference Person) ever been in paid employment or self-employed?
        1   Yes
        2   No
ENDIF

IF NHActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN

HHowLong

How long have you been looking for paid work/a place in a government scheme?

1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more.

ENDIF

IF HEverJob = Yes THEN

HPayLast

Which year did *you/name* (Household Reference Person) *your/his/her* leave last paid job?

WRITE IN.

Numeric: 1920..2999 Decimals: 0

IF HPayLast <= 8 years ago THEN

HPayMon

Which month in that year did *you/he/she* leave?

1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember

ENDIF
ENDIF
ENDIF

IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN

HJobTitl

I'd like to ask you some details about *the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up*. What *is/was/will be* the name or title of the job?

Text: Maximum 60 characters

HFtPtime

Were/Are/Will you*/name* (Household Reference Person) *be* working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
    1 Full-time
    2 Part-time

HWtWork
What kind of work *do/did/will you/name* (Household Reference Person) do most of the time?
    Text: Maximum 50 characters

  HMatUsed
IF RELEVANT: What materials or machinery *do/did/will you/name* (Household Reference Person) use? IF NONE USED, WRITE IN 'NONE'.

  Text: Maximum 50 characters

    HSkilNee
    What skills or qualifications *are/were* needed for the job?
    Text: Maximum 120 characters

    HEmploye
  Were/Are/Will you/name (Household Reference Person) *be*…READ OUT…
      1 an employee
      2 or, self-employed?
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI
      PURPOSES.

IF HEmploye = self employed THEN
  HDirctr
  Can I just check, in this job *are/were/will you/name* (Household Reference Person) *be* a
  Director of a limited company?
    1   Yes
    2   No
ENDIF

IF (HEmploye = Employee) OR (HDirctr = Yes) THEN
  HEmpStat
  Are/Were/Will you/name (Household Reference Person) *be* a ...READ OUT...
      1   manager
      2   foreman or supervisor
      3   or other employee?

  HNEmplee
  Including *yourself/name* (Household Reference Person), about how many people
  are/were/will be employed at the place where *you/name usually work(s)/(usually
  worked/will work)*?
      1   1 or 2
      2   3-24
      3   25-499
      4   500+

ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN
    HSNEmple
Do/Did/Will you/name (Household Reference Person) have any employees?

1   1 or 2
2   3-24
3   25-499
4   500+
ENDIF

IF HEmploye = Employee THEN
    HInd
What *does/did your/ his/her* employer make or do at the place where *you/name* (Household Reference Person) (*usually work/usually worked/will work*)?
        Text: Maximum 100 characters

ELSEIF HEmploye = Self Employed THEN
    HSlfWtMa
What *do/did/will you/name* (Household Reference Person) make or do in your business?
        Text: Maximum 100 characters
    ENDIF
ENDIF

ASK ALL
HRPOcc
INTERVIEWER: DID *(Household Reference Person)* ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?

1   Yes
2   No

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).

P2927　　　　　**The Health Survey for England 2009**

Program Documentation

Individual Questionnaire

General Health

ASK ALL
OwnDoB
What is your date of birth?
ENTER DATE IN NUMBERS , E.G. 02/01/1972.
IF (*Name*) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN
   OwnAge
  Can I just check, your age is (*computed age*)?
        1   Yes
        2   No
ENDIF

IF OwnDoB = Not known/Refused THEN
   OwnAgeE
  Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
       Range: 1..120

   IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN
     AgeAEst
     INTERVIEWER: ESTIMATE NEAREST AGE
        18   (ie between 16-19)
        25   (ie between 20-29)
        35   (ie between 30-39)
        45   (ie between 40-49)
        55   (ie between 50-59)
        65   (ie between 60-69)
        75   (ie between 70-79)
        85   (ie 80+)

   ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN
     AgeCEst
     INTERVIEWER: ESTIMATE NEAREST AGE:
        1   1 year
        3   3 years
        5   5 years
        7   7 years
        9   9 years
        11   11 years
        13   13 years
        15   15 years
   ENDIF
ENDIF

ASK ALL
GenHelf
How is your health in general? Would you say it was ...READ OUT...
        1   …very good
        2   good
        3   fair
        4   bad, or
        5   very bad?

LongIll

Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?
>   1   Yes
>   2   No

IF LongIll = Yes THEN
>   **FOR i = 1 TO 6 DO**
>   **IF (i = 1) OR (More[i - 1] = Yes) THEN**
>   **Records up to six long-standing illnesses**
>   **IllsTxt[i]**
>   What *(else)* is the matter with you?
>   INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
>   IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
>   Open Answer: up to 60 characters
>   **Variable names for text are IllsTxt1-IllsTxt6**
>
>   **IF (i < 6) THEN**
>   **More[i]**
>   (Can I check) do you have any other long-standing illness, disability or infirmity?
>   1   Yes
>   2   No
>   **ENDIF**
>   **ENDIF**
>   **ENDDO**

IF LongIll = Yes THEN
>   **LimitAct**
>   Does this illness or disability/do any of these illnesses or disabilities limit your activities in any way?
>   1   Yes
>   2   No
ENDIF

ASK ALL
LastFort
Now I'd like you to think about the **two weeks** ending yesterday. During those two weeks did you have to cut down on any of the things you **usually** do about the house or at *school/work/or in your free time* because of *a condition you have just told me about or some other* illness or injury?
>   1   Yes
>   2   No

IF Lastfort = Yes THEN
>   **DaysCut**
>   How many days was this in all during these 2 weeks, including Saturdays and Sundays?
>   Range: 1..14
ENDIF

Personal Care Plans

IF Age16+ AND LongIll = Yes THEN
ConvDoc
You mentioned earlier that you have a/some long term health condition(s).Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care.

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?
1. Yes
2. No
3. Not sure

IF ConvDoc=Yes
LastYr
Was this in the last 12 months or longer ago?
1. In last 12 months
2. Longer ago

IF Age16+ AND LongIll = Yes THEN
PlanAg
Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?
1. Yes, have agreed a personal care plan in the last 12 months
2. Yes, agreed a personal care plan more than 12 months ago
3. No, do not have a personal plan

IF PlanAg = No THEN
OffPlan
Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?"
1. Yes
2. No

IF OffPlan = Yes THEN
WhyNoPl
Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?
1. Did not want a personal care plan
2. Still discussing a plan, not yet agreed
95. Other reason - SPECIFY

IF WhyNoPl = Other THEN
NoPlOth
INTERVIEWER: Specify other reason.

IF OffPlan = No THEN
LikePlan

Would you like the opportunity to discuss a Personal Care Plan with a health professional?"
1. Yes
2. No
3. Don't know

CareImpr
Has your Care Plan improved the health or social care services you receive?
IF YES: Would you say they have improved a great deal or to some extent?
SINGLE CODE ONLY.
1. Yes - improved a great deal
2. Yes - improved to some extent
3. No - not improved
4. Don't know / can't say

ASK ALL WHO HAVE A LONG-TERM CONDITION
OptOff
SHOWCARD G
There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?
PROBE FULLY: Which others?
CODE ALL THAT APPLY.
1. Being given help to find information about your condition
2. Being given help to find information about the choices you have for care from health professionals
3. Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
4. Joining a support network or attending a group for people with a long-term condition
5. Having equipment fitted into your home
6. Other (PLEASE SPECIFY)
7. None of these

IF (Other IN OptOff) THEN
OpOffOt
INTERVIEWER: Please specify.

OptDone
SHOWCARD H
And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.
PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)?
CODE ALL THAT APPLY
1. Read and used information about your condition
2. Read and used information about the choices you have for care from health professionals
3. Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc
4. Joined a support network or attended a group for people with a long-term condition
5. Had equipment fitted into your home
6. Other (PLEASE SPECIFY)
7. None of these

IF (Other IN OptDone) THEN
OpDonOt

INTERVIEWER: Please specify.

Doctor-Diagnosed Hypertension

IF Age>=16
EverBP
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?
> 1   Yes
> 2   No

IF EverBP = Yes THEN
  DocNurBP
Were you told **by a doctor or nurse** that you had high blood pressure?
> 1   Yes
> 2   No

  IF (DocNurBP = Yes) AND (Sex = Female) THEN
    PregBP
    Can I just check, were you pregnant when you were told that you had high blood pressure?
> 1   Yes
> 2   No

    IF PregBP = Yes THEN
      NoPregBP
      Have you ever had high blood pressure apart from when you were pregnant?
> 1   Yes
> 2   No
    ENDIF
  ENDIF
ENDIF

IF DocNurBP=Yes and NoPregBP <> No THEN
  AgeinfBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure? Interviewer: Type in age in years.
Numeric: 0..100

  MedcinBP
Are you currently taking any medicines, tablets or pills for high blood pressure?
> 1   Yes
> 2   No

  IF MedcinBP = No, Don't know or refused THEN
  StillBP
ASK OR RECORD: Do you still have high blood pressure?
> 1   Yes
> 2   No

  PastAbBP
Have you **ever** taken medicines, tablets, or pills for high blood pressure in the past?
> 1   Yes
> 2   No

    IF PastAbBP = Yes THEN
    FinTaBC

Why did you stop taking (medicines/tablets/pills) for high blood pressure? PROBE:
What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY
1 **Doctor advised me to stop due to:** …improvement
2 …lack of improvement
3 …other problem
4 **Respondent decided to stop:** …because felt better
5 ... for other reason
95 **Other reason**

IF FinTaBC=6 THEN
FinTaOth
INTERVIEWER: Please specify other reason
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

OthAdv
Are you receiving any *(other)* treatment or advice because of your high blood pressure?
INCLUDE REGULAR CHECK-UPS
1 Yes
2 No

IF OthAdv = Yes THEN
WhatTrt
SHOW CARD I
What other treatment or advice are you currently receiving because of your high blood
pressure? PROBE: What else? CODE ALL THAT APPLY
1 Blood pressure monitored by GP/other doctor/nurse
2 Advice or treatment to lose weight
3 Blood tests
4 Change diet
5 Stop smoking
6 Reduce stress
7 Other (RECORD AT NEXT QUESTION)

IF AdBPc = Other THEN
WhatTSp
PLEASE SPECIFY…
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

Diabetes

ASK ALL AGED 16+
EverDi
Do you now have, or have you ever had diabetes?
1. Yes
2. No

IF EverDi=YES THEN
Diabetes
Were you told by a doctor that you had diabetes?
1. Yes
2. No

IF FEMALE
DiPreg
Can I just check, were you pregnant when you were told that you had diabetes?
1. Yes
2. No

IF Di Preg=Yes THEN
DiOth
Have you ever had diabetes apart from when you were pregnant?
1. Yes
2. No

IFEverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT THEN
DiAge
Apart from when you were pregnant, approximately how old were you when you were first told by a doctor that you had diabetes?
INTERVIEWER: Type in age in years.

Insulin
Do you currently inject insulin for diabetes?
1. Yes
2. No

DiMed
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1. Yes
2. No

OthDi
SHOW CARD I2
Are you currently receiving any other treatment or advice for diabetes?
INTERVIEWER: Include regular check-ups.
1. Yes
2. No

OtherDi
SHOW CARD I2
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.

1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other

COtherDi [Editor back code]
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
1. Special diet
2. Eye screening / regular eye tests
3. Regular check-up with GP/hospital/clinic
4. Other

WhatDSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

IF Eye Screening NOT MENTIONED AT OtherDi
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?

1. Not needed / never been told that I need eye tests
2. Been offered regular eye tests but didn't want them
3. Been offered regular eye tests but not able to take them up
4. Other (RECORD AT NEXT QUESTION)

IF WhyNoET = Other THEN
OthNoET
INTERVIEWER: PLEASE SPECIFY.

Kidney Disease

EverKidD
We now have some questions about kidney disease, which is an area we are looking at in the Health Survey this year.
Do you yourself now have, or have you ever had chronic kidney disease?
Don't include simple urine infections, a single episode of kidney stone disease or kidney cancer.
   1. Yes
   2. No

FamKidD
Do any of your close relatives (parents, brothers or sisters, or children) have chronic kidney disease, or have they ever had chronic kidney disease?
This would include needing long term dialysis or a kidney transplant, but excludes simple urine infections, a single episode of kidney stone disease or kidney cancer.
   1. Yes
   2. No

IF EverKidD = No THEN
RiskKid
Have you ever been told by a doctor or health professional that you are at risk of kidney disease?
   1. Yes
   2. No
ENDIF

IF EverKidD = Yes THEN
DocInfo1
Were you told by a doctor that you had chronic kidney disease?
   1. Yes
   2. No

IF DocInfo1 = Yes THEN
AgeInfo1
How old were you when you were first told by a doctor that you had kidney disease?
INTERVIEWER: ENTER AGE IN YEARS.

IF EverKidD = Yes THEN
KidTest
Have you ever been told you were being tested for kidney disease?
   1. Yes
   2. No

IF KidTest = Yes THEN
WhKTest
When were you (last) tested for kidney disease? Was it...
READ OUT...
   1. within the last 12 months
   2. more than 12 months ago but within the last 5 years
   3. or longer ago?

IF WhKTest IN LAST FIVE YEARS THEN
WhatTest
Did you have a blood test or urine test, or any other test, to see if you had kidney disease?
Which other tests?

CODE ALL THAT APPLY.
1. Blood test
2. Urine test
3. Scan
4. Other test
5. Can't remember

IF Other IN WhatTest THEN
WhTestOt
INTERVIEWER: Please specify other test.
ENDIF

IF WhatTest = Blood THEN
BldRes
When you had your (most recent) blood test, were you told a percentage (eGFR) which shows how well your kidneys were working?
EXPLAIN IF NECESSARY: Doctors would usually say that a percentage of 60 or lower suggests a kidney problem. (eGFR: Estimated Glomerular Filtration Rate)
1. Yes, given a percentage
2. No, but given a different measure
3. No, not given any measure or percentage
4. Don't remember
ENDIF

IF WhatTest = Urine THEN
UrTest
When you had your (most recent) urine test, do you know whether there was any blood or protein in your urine?
CODE ALL THAT APPLY.
1. Blood
2. Protein
3. Neither
4. Don't remember/Don't know/Not told result
ENDIF
ENDIF
ENDIF

IF EverKidD = Yes THEN
MedKidD
Are you currently taking any medicines, tablets or pills for kidney disease?
1. Yes
2. No

AdvKidD
SHOW CARD I3
Are you currently receiving any other treatment or advice for kidney disease?
INTERVIEWER: include regular check-ups.
1. Yes
2. No

IF AdviceKidD = Yes THEN
AdKidDC

SHOW CARD I3
What other treatment or advice are you currently receiving for kidney disease?
PROBE: What else? CODE ALL THAT APPLY.
1. Special diet/dietary advice
2. Regular check-up with GP
3. Regular check-up with hospital clinic
4. Regular dialysis
95 Other - SPECIFY

(Other IN AdKidDc) THEN
WhatDSp
INTERVIEWER: Please specify.
        ENDIF
      ENDIF
    ENDIF
ENDIF

Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
VFInt
Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten
    1   Continue

VegSal
Did you eat any salad yesterday? Don't count potato, pasta or rice salad or salad in a sandwich.
INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN **EITHER** BE INCLUDED HERE **OR** AT THE NEXT QUESTION.
    1   Yes
    2   No

IF VegSal = Yes THEN
    VegSalQ
    How many cereal bowls full of salad did you eat yesterday?
    IF ASKED: 'Think about an average-sized cereal bowl'.
            Range: 0.5 - 50.0
ENDIF

VegPul
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don't count pulses in foods like Chilli con carne.
            1   Yes
            2   No

IF VegPul = Yes THEN
    VegPulQ
    SHOWCARD J
    How many tablespoons of pulses did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
            Range: 0.5 - 50.0
ENDIF

VegVeg
Not counting potatoes, did you eat any vegetables yesterday?
Include fresh, raw, tinned and frozen vegetables.
            1   Yes
            2   No

IF VegVeg = Yes THEN
    VegVegQ
    SHOWARD J
    How many tablespoons of vegetables did you eat yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
            Range: 0.5 - 50.0
ENDIF

VegDish
Apart from anything you have already told me about, did / Did you eat any *other* dishes made **mainly** from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?
Don't count vegetable soups or dishes made mainly from potatoes.
    1   Yes
    2   No

IF VegDish = Yes THEN
    VegDishQ
    SHOWCARD J
    How many tablespoons of vegetables or pulses did you eat *in these kinds of dishes* yesterday?
    IF ASKED: 'Think about a heaped or full tablespoon'.
            Range: 0.5 - 50.0
ENDIF

VegUsual
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...
...READ OUT...
            1   less than usual,
            2   more than usual,
            3   or about the same as usual?

FrtDrnk
Not counting cordials, fruit-drinks and squashes, did you drink any fruit juice yesterday?
            1   Yes
            2   No

IF FrtDrnk = Yes THEN
    FrtDrnkQ
    How many small glasses of fruit juice did you drink yesterday?
    IF ASKED: 'A small glass is about a quarter of a pint'.
            Range: 0.5.-.50.0
ENDIF

Frt
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.
    1   Yes
    2   No

IF Frt = Yes THEN
    FOR idx:= 1 TO 15 DO
        IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN
            FrtC[idx]
            What kind of fresh fruit did you eat yesterday?
            INTERVIEWER: USE THE **FRESH FRUIT SIZE LIST** IN YOUR
            SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE
            THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY
                        1   Very large fruit
                        2   Large fruit
                        3   Medium-sized fruit
                        4   Small fruit
                        5   Very small fruit
                        6   Not on coding list

IF FrtC[idx] IN [VLge..VSml] THEN
   IF FrtC[idx] = VLge THEN
     much:= 'many average slices'
   ELSEIF FrtC[idx] IN [Lge..Sml] THEN
     much:= 'much'
   ELSEIF FrtC[idx] = VSml THEN
     much:= 'many average handfuls'
ENDIF
FrtQ[idx]
       How *much* of this fruit did you eat yesterday?
        Range: 0.5.-.50.0

ELSEIF FrtC[idx] = NotLst THEN
   FrtOth[idx]
      What was the name of this fruit?
       Text: Maximum 50 characters

   FrtNotQ[idx]
      How much of this fruit did you eat?
       Text: Maximum 50 characters
ENDIF

IF idx < 15 THEN
   FrtMor[idx]
      Did you eat any other fresh fruit yesterday?
      1   Yes
      2   No
   ENDIF
  ENDIF
 ENDDO
ENDIF

FrtC to FrtMor repeated for up to 15 different types of fruit

FrtDry
Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.
   1   Yes
   2   No

IF FrtDry = Yes THEN
  FrtDryQ
  SHOWCARD J
  How many tablespoons of dried fruit did you eat yesterday?
  IF ASKED: 'Think about a heaped or full tablespoon'."
     Range: 0.5.-.50.0
ENDIF

FrtFroz
Did you eat any frozen or tinned fruit yesterday?
   1   Yes
   2   No

IF FrtFroz = Yes THEN
   FrtFrozQ
   SHOWCARD J
   How many tablespoons of frozen or tinned fruit did you eat yesterday?
   IF ASKED: 'Think about a heaped or full tablespoon'.
      Range: 0.5.-.50.0
ENDIF

FrtDish
Apart from anything you have already told me about, did/Did you eat any *other* dishes made **mainly** from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.
      1   Yes
      2   No

IF FrtDish = Yes THEN
   FrtDishQ
   SHOWCARD J
   How many tablespoons of fruit did you eat *in these kinds of dishes* yesterday?
   IF ASKED: 'Think about a heaped or full tablespoon'.
            Range: 0.5.-.50.0
ENDIF

FrtUsual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...
...READ OUT...
      1   less than usual,
      2   more than usual,
      3   or about the same as usual?
END

Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN
   BookChk
   INTERVIEWER CHECK: *(name of respondent)* IS AGED *(age of respondent)*. RESPONDENT
   TO BE...:
      1 Asked Smoking/Drinking questions
      2 Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS
ENDIF

IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with
   adult aged 18-24 AND BookChk=1) THEN
   YAIntro
   INTERVIEWER: Prepare self-completion booklet for young adults by entering serial
   numbers. Check that you have the correct person number.
      Press <1> and <Enter> to continue.

YAInt2
At this point, I would now like you to answer some questions by completing all of this
booklet on your own. The questions cover smoking, drinking and attitudes to health. I will
need to ask you a few more questions from the laptop in a little while, and I will ask you to
close the booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.
      Press <1> and <Enter> to continue.

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN
   SmokEver
   May I just check, have you ever smoked a cigarette, a cigar or a pipe?
      1 Yes
      2 No

   IF SmokEver = Yes THEN
      SmokeNow
      Do you smoke cigarettes at all nowadays?
         1 Yes
         2 No
   ENDIF

IF SmokeNow = Yes THEN

      DlySmoke
      About how many cigarettes a day do you usually smoke on weekdays?
      INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND
      CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS
      AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
         Range: 0..97

      IF DlySmoke = 97 THEN
         Estim

INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

    1   Grams
    2   Ounces

IF Estim = grams THEN
    Grams
    PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN GRAMS.
        Range: 1..67

ELSEIF Estim = ounces THEN
    Ounces
    PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:
    1/4 (a quarter) oz as .25
    1/3 (a third) oz as .33
    1/2 (half) oz as .5
    2/3 (two thirds) oz as .66
    3/4 (three quarters) oz as .75
        Range: 0.01..2.40
ENDIF

RolDly

Computed: estimated tobacco consumption in ounces.
    Range: 1..97
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWDay.

WKndSmok
And about how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
    Range: 0..97

IF WkndSmok = 97 THEN
    Estim
    INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
        1 Grams
        2 Ounces

    IF Estim = grams THEN
        Grams
        PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)* IN GRAMS.

Range: 1..67

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(AT WEEKENDS)* IN OUNCES.FOR FRACTIONS OF OUNCES RECORD:

1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
   Range: 0.01..2.40
ENDIF

RolWknd

Computed: estimated tobacco consumption in ounces.
   Range: 1..997
ENDIF

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

CigType
Do you mainly smoke ...READ OUT…
   1 ... filter-tipped cigarettes
   2 plain or untipped cigarettes,
   3 or hand-rolled cigarettes?
ENDIF
ENDIF

IF SmokeNow=Yes THEN
SmokWher
SHOW CARD L
In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
1   At my home (indoors or outside, eg. in garden or on doorstep)
2   Outside (other than at home)
3   Inside other people's homes
4   Whilst travelling by car
5   Inside other places

IF SmokWher = 1 OR 2 THEN SmokHome
SmokHome
SHOWCARD M
Where in your home do you usually smoke?
CODE ALL THAT APPLY
   1   Outside, for example in the garden or on doorstep
   2   Own room/bedroom
   3   Living room
   4   Kitchen

5   Toilet
6   Bathroom
7   Study
8   Dining room
9   Everywhere
10   Somewhere else in the home
ENDIF
ENDIF

IF SmokWher = Outside, other than at home THEN
SmokOut
SHOWCARD N
Where did you smoke outside during the last 7 days ending yesterday?
1   In the street, or out and about
2   Outside at work
3   Outside at other people's home
4   Outside pubs or bars
5   Outside restaurants, cafes or canteens
6   Outside shops
7   Outside other places

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD O
In the last 7 days, did you smoke near to any of the following types of
people?
1   Babies aged 2 and under
2   Children aged 2-10
3   Children aged 11-15
4   Older adults over the age of 65
5   Pregnant women
6   Adults aged 16-64 with asthma or breathing problems
7   None of these
ENDIF

IF SmokeNow = Yes
SmNoDay
How easy or difficult would you find it to go without smoking for a whole day?
Would you find it …. READ OUT …
1   … very easy,
2   … fairly easy,
3   … fairly difficult,
4   … or, very difficult?
ENDIF

GiveUp
Would you like to give up smoking altogether?
1   Yes
2   No
IF GiveUp = YES
GvUpReas

SHOWCARD P
What are your main reasons for wanting to give up?
1   Because of a health problem I have at present
2   Better for my health in general
3   To reduce the risk of getting smoking related illnesses
4   Because of the smoking ban in all enclosed public places, including pubs and restaurants
5   Family/friends wanted me to stop
6   Financial reasons (couldn't afford it)
7   Worried about the effect on my children
8   Worried about the effect on other family members
9   Something else
ENDIF
ENDIF

FirstCig
How soon after waking do you **usually** smoke your first cigarette of the day?
PROMPT AS NECESSARY.
1   Less than 5 minutes
2   5-14 minutes
3   15-29 minutes
4   30 minutes but less than 1 hour
5   1 hour but less than 2 hours
6   2 hours or more
ENDIF

ELSE IF SmokeNow<>Yes *(Smoked but doesn't smoke cigarettes nowadays)*
SmokeCig
Have you ever smoked cigarettes?
1 Yes
2 No

IF SmokEver = YES and SmokeNow = NO
QuitReas
SHOW CARD K
Why did you decide to give up smoking?
CODE ALL THAT APPLY
1   Advice from a GP or health professional
2   Advert for a nicotine replacement product
3   Government TV, radio or press advert
4   Hearing about a new stop smoking treatment
5   Financial reasons (couldn't afford it)
6   Being faced with the smoking ban in all enclosed public places, including pubs and restaurants
7   I knew someone else who was stopping
8   Seeing a health warning on cigarette packet
9   Family or friends wanted me to stop
10 Being contacted by my local NHS Stop Smoking Services
11 Health problems I had at the time
12 Worried about future health problems
13 Pregnancy

     14 Worried about the effect on my children
     15 Worried about the effect on other family member
     16 My own motivation
     17 Something else
     18 Cannot remember
ENDIF

IF SmokeCig = Yes THEN
SmokeReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
    1 Smoked cigarettes regularly, at least 1 per day
    2 Smoked them only occasionally
    3 Never really smoked cigarettes, just tried them once or twice

IF SmokeReg = Smoked cigarettes regularly THEN
NumSmok
About how many cigarettes did you smoke in a day?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES,
CODE 97
    Range: 0..97

IF NumSmok = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/ON WEEKENDS)*. WILL IT BE GIVEN IN GRAMS OR IN OUNCES?
    1 Grams
    2 Ounces

IF Estim = grams THEN
Grams
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN GRAMS.
    Range: 1..67

ELSEIF Estim = ounces THEN
Ounces
PLEASE RECORD ESTIMATED *(DAILY)* CONSUMPTION OF TOBACCO *(ON WEEKDAYS/AT WEEKENDS)* IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
0.01..2.40
ENDIF

RolNum

Computed: estimated tobacco consumption in ounces.
Range: 1..97
    ENDIF
   ENDIF
  ENDIF
ENDIF

For analysis purposes ounces or grams of tobacco are converted into number of cigarettes and stored in the variable NumSmoke.

IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly)
  StartSmk
How old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
    Range: 1..97
ENDIF

IF SmokeReg=[Regularly OR Occasionally] THEN
  EndSmoke
How long ago did you stop smoking cigarettes?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
    Range: 0..97
ENDIF

IF EndSmoke = Response THEN
  IF EndSmoke=0 THEN
  LongEnd
How many months ago was that?
   1   Less than 6 months ago
   2   Six months, but less than one year
  ENDIF

  IF EndSmoke<2 THEN
   Nicot
Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or other similar products at all to help you give up?
INTERVIEWER: IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK ABOUT MOST RECENT OCCASION.
     1   Yes
     2   No
  ENDIF

  SmokYrs
And for approximately how many years did you smoke cigarettes regularly?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.
    Range: 0..97
ENDIF
  IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN
  IF (EndSmoke <> EMPTY) AND (EndSmoke < 2) THEN
   IsPreg
Can I check, are you pregnant now?

    1   Yes
    2   No

IF IsPreg = Yes THEN
SmokePrg
Have you smoked at all since you've known you've been pregnant?
IF YES, PROBE: All the time or just some of the time?
    1   Yes, all the time
    2   Yes, some of the time
    3   No, not at all

IF SmokePrg = [Yes, some of the time OR No, not at all] THEN
StopPreg
Did you stop smoking specifically because of your pregnancy, or for some other reason?
    1   Because of pregnancy
    2   For some other reason
ENDIF
ENDIF
ENDIF

ELSEIF (IsPreg = No) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN
PregRec
Can I check, have you been pregnant in the last twelve months?
    1   Currently pregnant
    2   Was pregnant in last twelve months but not now
    3   Not pregnant in last twelve months

IF PregRec = Was pregnant in last twelve months but not now THEN
PregSmok
Did you smoke at all during pregnancy?
(INTERVIEWER: DURING TIME WHEN KNEW SHE WAS PREGNANT) IF YES, PROBE: All the time or just some of the time?
    1   Yes, all the time
    2   Yes, some of the time
    3   No, not at all
ENDIF
ENDIF

IF (PregSmok =Yes, some of the time OR No, not at all) THEN
PregStop
Did you stop smoking specifically because of your pregnancy, or for some other reason?
    1   Because of pregnancy
    2   For some other reason
ENDIF

IF (SmokeNow= Yes) OR (SmokeReg= smoked occasionally..regularly) THEN
SmokeTry
Have you ever tried to give up smoking because of a particular health condition you had at the time?
    1   Yes

    2   No
ENDIF

> **DrSmoke**
> Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
>   1   Yes
>   2   No
>
> **IF DrSmoke = Yes THEN**
>   **DrSmoke1**
>   How long ago was that?
>   INTERVIEWER: PROMPT AS NECESSARY.
>   1   Within the last twelve months
>   2   Over twelve months ago
>   **ENDIF**
> **ENDIF**

CigarNow
Do you smoke cigars at all nowadays?
        1   Yes
        2   No

IF CigarNow = Yes THEN
        CigarReg
        Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
            1   Smoke at least one cigar a month
            2   Smoke them only occasionally
    ENDIF

    IF Sex = Male THEN
        PipeNowA
        Do you smoke a pipe at all nowadays?
            1   Yes
            2   No
    ENDIF
ENDIF

> **FathSm**
> Did your father ever smoke regularly when you were a child?
>   1   Yes
>   2   No
>
> **MothSm**
> Did your mother ever smoke regularly when you were a child?
>   1   Yes
>   2   No
ENDIF

IF age = 0-12 OR (age >=18 AND Bookchk = 1)
    XExpSm

Now, in most weeks, how many hours a week are (you/name of child) exposed to other people's tobacco smoke?
   Range: 0..168

ChExpSm
Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?
     1   Yes
     2   No

IF XExpSm >=1 AND age >=18 THEN
  Passive
  SHOW CARD Q
  Are you regularly exposed to other people's tobacco smoke in any of these places?
  PROBE: Where else? CODE ALL THAT APPLY.
      1   At own home
      2   At work
      3   In other people's homes
      4   Outdoor smoking areas of pubs/restaurants/cafes
      5   In other places
      6   No, none of these

  IF Passive=1-6 THEN
  Bother
  Does this bother you at all?
      1   Yes
      2   No
  ENDIF
ENDIF

Drinking (Aged 18+)

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)
Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?
   1 Yes
   2 No

  IF Drink = No THEN
  DrinkAny
  Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
    1   Very occasionally
    2   Never

    IF DrinkAny = Never THEN
    AlwaysTT
    Have you always been a non-drinker or did you stop drinking for some reason?
      1 Always a non-drinker
      2 Used to drink but stopped

      IF AlwaysTT = Used to drink but stopped THEN
      WhyTT
      Did you stop drinking because of a particular health condition that you had at the time?
      INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
        1   Yes
        2   No
    ENDIF
    ENDIF
  ENDIF

  IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN
  DrinkOft
  SHOW CARD R
  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
    1   Almost every day
    2   Five or six days a week
    3   Three or four days a week
    4   Once or twice a week
    5   Once or twice a month
    6   Once every couple of months
    7   Once or twice a year
    8   Not at all in the last 12 months

  IF DrinkOft <> Not at all in the last 12 months THEN
  DrinkL7
  Did you have an alcoholic drink in the seven days ending yesterday?
    1 Yes

2   No

IF DrinkL7 =Yes THEN
   DrnkDay
On how many days out of the last seven did you have an alcoholic drink?
   Range: 1..7

   IF DrnkDay = 2 to 7 days THEN
   DrnkSame
Did you drink more on *one of the days/some days than others*, or did you drink about the same on *both/each of those* days?
   1   Drank more on one/some day(s) than other(s)
   2   Same each day
ENDIF

   WhichDay
Which day *last week* did you *last have an alcoholic drink/have the **most** to drink*?
   1   Sunday
   2   Monday
   3   Tuesday
   4   Wednesday
   5   Thursday
   6   Friday
   7   Saturday

   DrnkType
SHOW CARD S
Thinking about last *(answer to WhichDay)*, what types of drink did you have that day?
CODE ALL THAT APPLY
   1   Normal strength beer/lager/cider/shandy
   2   Strong beer/lager/cider
   3   Spirits or liqueurs
   4   Sherry or martini
   5   Wine
   6   Alcopops/pre-mixed alcoholic drinks
   7   Other alcoholic drinks
   8   Low alcohol drinks only

   IF DrnkType = Normal strength beer/lager/cider/shandy THEN
   NBrL7
Still thinking about last *(answer to WhichDay)*, how much **normal strength beer, lager, stout, cider or shandy** (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
   1   Half pints
   2   Small cans
   3   Large cans
   4   Bottles

   IF NBRL7=Half pints THEN
   NBrL7Q(1)

ASK OR CODE: How many half pints of **normal strength beer, lager, stout, cider or shandy** *(excluding cans and bottles of shandy)* did you drink that day?
>   Range: 1..97
ENDIF

IF NBrL7Q = Small cans THEN
>   **NBrL7Q(2)**
>   ASK OR CODE: How many small cans of **normal strength beer, lager, cider or shandy** did you drink that day?
>>   Range: 1..97
ENDIF

IF NBrL7=Large cans THEN
>   **NBrL7Q(3)**
>   ASK OR CODE: How many large cans of **normal strength beer, lager, cider or shandy** did you drink that day?
>>   Range: 1..97
ENDIF

IF NBrL7=Bottles THEN
>   **NBrL7Q(4)**
>   ASK OR CODE: How many bottles of **normal strength beer, lager, cider or shandy** did you drink that day?
>>   Range: 1..97

>   **NBotL7**
>   ASK OR CODE: What make of **normal strength beer, lager, stout, cider or shandy** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
>>   Text: Maximum 21 characters
>   **ENDIF**
ENDIF

IF DrnkType = Strong beer/lager/cider THEN
>   **SBrL7**
>   Still thinking about last *(answer to WhichDay)*, how much **strong beer, lager, stout or cider** did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
>>   1   Half pints
>>   2   Small cans
>>   3   Large cans
>>   4   Bottles

>   **IF SBRL7=Half pints THEN**
>>   **SBrL7Q(1)**
>>   ASK OR CODE: How many half pints of **strong beer, lager, stout or cider** did you drink on that day?
>>>   Range: 1..97
>   **ENDIF**

IF SBrL7=Small cans THEN
 SBrL7Q(2)
 ASK OR CODE: How many small cans of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97
ENDIF

IF SBrL7=Large cans THEN
 SBrL7Q(3)
 ASK OR CODE: How many large cans of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97
ENDIF

IF SBrL7=Bottles THEN
 SBrL7Q(4)
 ASK OR CODE: How many bottles of **strong beer, lager, stout or cider** did you drink on that day?
  Range: 1..97

 SBotL7
 ASK OR CODE: What make of **strong beer, lager, stout or cider** did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST
  Text: Maximum 21 characters
ENDIF
ENDIF

IF DrnkType = Spirits THEN
 SpirL7
 Still thinking about last *(answer to WhichDay)*, how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
 CODE THE NUMBER OF SINGLES - COUNT DOUBLES AS TWO SINGLES.
  Range: 1..97
ENDIF

IF DrnkType = Sherry THEN
 ShryL7
 Still thinking about last *(answer to WhichDay)*, how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?
 CODE THE NUMBER OF GLASSES.
  Range: 1..97
ENDIF

IF DrnkType = Wine THEN
 WineL7
 Still thinking about last *(answer to WhichDay)*, how much wine, including Babycham and champagne, did you drink on that day?
 INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.

INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
1   Bottle or parts of bottle
2   Glasses
3   Both bottles or parts of bottle, and glasses

IF WineL7= 1 (Bottles or part of bottle)
WL7Bt
INTERVIEWER: code the number of 125ml glasses drunk **from the bottle** by
the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for
information

CODE THE NUMBER OF GLASSES.
1 BOTTLE =6 GLASSES
½ BOTTLE=3 GLASSES
1/3 BOTTLE=2 GLASSES
¼ BOTTLE=1.5 GLASSES

1 LITRE=8 GLASSES
½ LITRE=4 GLASSES
1/3 LITRE=2.5 GLASSES
¼ LITRE=2 GLASSES

     Range: 1..97 (ALLOW FRACTIONS)
ENDIF
F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the
information provided on the screen. For example if a respondents said they
shared a bottle with one other person and they shared it equally code 3
glasses.

IF WineL7= 2 (Glasses)
WL7Gl
CODE THE NUMBER OF GLASSES **(drunk as glasses).**
     Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses,
<u>please code all that apply.</u>

INTERVIEWER: please note that if respondent was drinking in a pub or wine
bar and had a small glass, this would usually be 175ml.
          1   Large glass (250mL)
          2   Standard glass (175 mL)
          3   Small glass (125 mL)
             ENDIF
          ENDIF
       ENDIF
    ENDIF

IF DrnkType = Alcopops/pre-mixed alcoholic drink
PopsL7
Still thinking about last *(answer to WhichDay)*, how much **alcoholic soft drink**
('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES
THAT YOU ARE GOING TO USE
    1   Small cans
    2   Bottles

IF PopsL7 = Small cans THEN
PopsL7Q(1)
ASK OR CODE: How many small cans of **alcoholic soft drink** ('alcopop')
did you drink on that day?
    Range: 1..97
ENDIF

IF PopsL7=Bottles THEN
PopsL7Q(2)
ASK OR CODE: How many bottles of **alcoholic soft drink** ('alcopop') did
you drink on that day?:
    Range: 1..97
ENDIF
ENDIF

IF DrnkType=Other THEN
OthL7TA
Still thinking about last *(answer to WhichDay)*, what other type of alcoholic
drink did you drink on that day? CODE FIRST MENTIONED ONLY.
    Text: Maximum 30 characters

OthL7QA
How much *(name of 'other' alcoholic drink)* did you drink on that day? WRITE
IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/
SINGLES/GLASSES/ BOTTLES.
    Text: Maximum 30 characters

OthL7B
Did you drink any other type of alcoholic drink on that day?
    1   Yes
    2   No

IF OthL7B=Yes THEN
OthL7TB
Still thinking about last *(answer to WhichDay)*, what other type of alcoholic
drink did you drink on that day? CODE FIRST MENTIONED ONLY.
    Text: Maximum 30 characters

OthL7QB
How much *(name of 'other' alcoholic drink)* did you drink on that day?
WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF
PINTS/SINGLES /GLASSES/ BOTTLES.
    Text: Maximum 30 characters

OthL7C

Did you drink any other type of alcoholic drink on that day?
> 1   Yes
> 2   No

IF OthL7C=Yes THEN
> **OthL7TC**
> Still thinking about last *(answer to WhichDay)*, what other type of alcoholic drink did you drink on that day?
> CODE FIRST MENTIONED ONLY
>
> **OthL7QC**
> How much *(name of 'other' alcoholic drink)* did you drink on that day?
> WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/ GLASSES/ BOTTLES.
> > Text: Maximum 30 characters
> **ENDIF**
> **ENDIF**
> **ENDIF**
> **ENDIF**
ENDIF

DrAmount
Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?
> 1   More nowadays
> 2   About the same
> 3   Less nowadays
> **ENDIF**
ENDIF

Classification

**IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE
(IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))**

> **NActiv**
> SHOW CARD T
> Which of these descriptions applies to what you were doing last week, that is in the seven days ending *(date seven days ago)*?
> CODE FIRST TO APPLY
> > 1 Going to school or college full-time (including on vacation)
> > 2 In paid employment or self-employment (or away temporarily)
> > 3 On a Government scheme for employment training
> > 4 Doing unpaid work for a business that you own, or that a relative owns
> > 5 Waiting to take up paid work already obtained
> > 6 Looking for paid work or a Government training scheme
> > 7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
> > 8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
> > 9 Retired from paid work
> > 10 Looking after the home or family
> > 95 Doing something else (SPECIFY)

> **IF NActiv=Doing something else THEN**
> > **NActivO**
> > INTERVIEWER: PLEASE SPECIFY
> > > Text: Maximum 60 characters
> **ENDIF**

> **IF (NActiv=School) THEN**
> > **StWork**
> > Did you do any paid work in the seven days ending *(date last Sunday)*, either as an employee or self-employed?
> > > 1   Yes
> > > 2   No
ENDIF

> **IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN**
> > **H4WkLook**
> > Thinking now of the four weeks ending *(date last Sunday)*. Were you looking for any paid work or Government training scheme at any time in those four weeks?
> > > 1   Yes
> > > 2   No
> **ENDIF**

IF NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN
> **2WkStrt**

If a job or a place on a Government training scheme had been available in the *(7 days/four weeks)* ending *(date last Sunday)*, would you have been able to start within two weeks?

    1 Yes
    2 No
ENDIF

IF (NActiv = [Looking for paid work or a Government training scheme...Doing something else] OR StWork=No) THEN
    EverJob
Have you ever been in paid employment or self-employed?
    1 Yes
    2 No
ENDIF

IF NActiv=Waiting to take up paid work already obtained THEN
    OthPaid
Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?
    1 Yes
    2 No
ENDIF

IF NActiv=(Waiting to take up paid work OR Looking for work) OR (H4WkLook =Yes) THEN
    HowLong
How long have you been looking/were you looking for paid work/a place on a government scheme?
        1 Not yet started
        2 Less than 1 month
        3 1 month but less than 3 months
        4 3 months but less than 6 months
        5 6 months but less than 12 months
        6 12 months or more
ENDIF

IF (Everjob=Yes) THEN
    PayLast
Which year did you leave your last **paid** job?
WRITE IN.
    Range: 1920..2001

IF Last paid job less than or equal to 8 years ago (from PayLast) THEN
    PayMon
Which month in that year did you leave?
        1   January
        2   February
        3   March
        4   April

5	May
6	June
7	July
8	August
9	September
10	October
11	November
12	December
13	Can't remember

ENDIF

PayAgeI
Computed: Age when last had a paid job.
ENDIF

IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (StWork = Yes) OR (Respondent is Male and EverjobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN
JobTitle
I'd like to ask you some details about *your most recent job/the main job you had/the job you are waiting to take up)*. What is *(was/will be)* the name or title of the job?
   Text: Maximum 60 characters

FtPTime
Are you *(were you/will you be)* working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)
   1   Full-time
   2   Part-time

WtWork
What kind of work do *(did/will)* you do most of the time?
   Text: Maximum 50 characters

MatUsed
IF RELEVANT: What materials or machinery do *(did/will)* you use?
IF NONE USED, WRITE IN `NONE'.
   Text: Maximum 50 characters

SkilNee
What skills or qualifications are *(were)* needed for the job?
   Text: Maximum 120 characters

Employe
 Are you *(were you/will you be)* ...READ OUT...
   1   an employee,
   2   or, self-employed
   INTERVIEWER: IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED
   FOR TAX & NI PURPOSES.

IF Employe = Self-employed THEN
   Dirctr
   Can I just check, in this job are you *(were you/will you be)* a Director of a limited
   company?
      1   Yes

    2 No
ENDIF

IF Employe=an employee OR Dirctr=Yes THEN
  EmpStat
Are you *(were you/will you be)* a ...READ OUT...
    1 manager,
    2 foreman or supervisor,
    3 or other employee?

  NEmplee
Including yourself, about how many people are *(were)* employed at the place where
you usually work *(usually worked/will work)*?
    1 1 or 2
    2 3-24
    3 25-499
    4 500+

ELSEIF Employe = Self-employed AND Dirctr=No THEN
  SNEmplee
Do *(did/will)* you have any employees?
    1 None
    2 1-24
    3 25-499
    4 500+
ENDIF

IF Employe=Employee THEN
  Ind
What does *(did)* your employer make or do at the place where you *(usually worked/will
work)*?
    Text: Maximum 100 characters

ELSEIF Employe=Self-employed THEN
  SlfWtMa
What *(did/will)* you make or do in your business?
    Text: Maximum 100 characters
ENDIF
ENDIF

IF NActiv = Response THEN
  HRPOcc
INTERVIEWER: DID *(name of respondent)* ANSWER THE OCCUPATION QUESTIONS
HIM/HERSELF?

ELSEIF (NActiv) non response THEN

ENDIF

OEmpStat
  Derived employment status.
    Range: 0..8

SOC, SOCls, SEG, SIC coded during edit stage

IF Age of Respondent is 16+ THEN
EducEnd
At what age did you finish your continuous full-time education at school or college?
1 Not yet finished
2 Never went to school
3 14 or under
4 15
5 16
6 17
7 18
8 19 or over

Qual
SHOW CARD U
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

IF Qual = Yes THEN
QualA
Which of the qualifications on this card do you have? Just tell me the number written beside each one.
INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?
1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final Level
8 City and Guilds Craft/Ordinary Level
9 A-levels/Higher School Certificate
10 AS level
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E
15 GCSE GRADES A-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded
20 SLC Lower
21 SUPE Lower or Ordinary

      22 School Certificate or Matric
      23 NVQ Level 5
      24 NVQ Level 4
      25 NVQ Level 3/Advanced level GNVQ
      26 NVQ Level 2/Intermediate level GNVQ
      27 NVQ Level 1/Foundation level GNVQ
      28 Recognised Trade Apprenticeship completed
      29 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)
  ENDIF

  IF NOT (Degree IN QualA) THEN
    OthQual
  Do you have any qualifications not listed on this card?
      1 Yes
      2 No

    IF OthQual = Yes THEN
      QualB
    What qualifications are these?
    INTEVIEWER: RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?
      Text: maximum 60 characters
    ENDIF
  ENDIF
ENDIF

ASK ALL
Origin
SHOW CARD V
To which of the groups listed on this card do you consider you belong?
1   White – British
2   White – Irish
3   Any other white background

Mixed:
4   Mixed - White and Black Caribbean
5   Mixed - White and Black African
6   Mixed - White and Asian
7   Any other mixed background

Asian or Asian British:
8   Asian or Asian British – Indian
9   Asian or Asian British – Pakistani
10   Asian or Asian British – Bangladeshi
11   Any other Asian/Asian British background

Black or Black British:
12   Black or Black British – Caribbean
13   Black or Black British – African
14   Any other Black/Black British background

Chinese or other ethnic group:
15   Chinese
15   Any other (please describe)

IF Origin = Any other THEN
XOrigin
Please describe

Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE *(Green/Grey/Pink)* SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER**.**

ELSEIF Age of respondent is 8 to 12 years THEN
SCIntCh
Here is a little booklet which I would like to ask (name of child) to complete for (him/herself). It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?
IF ASKED, SHOW DARK YELLOW BOOKLET TO PARENT(S). IF AGREES, PREPARE DARK YELLOW BOOKLET. INTERVIEWER: EXPLAIN TO CILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.
ENDIF

IF Age of Respondent is 13 years or over THEN
SComp2
I would now like you to answer some more questions by completing this booklet on your own. The questions cover general health.

INTERVIEWER: Explain how to complete booklet and show example in booklet

Wait until respondent(s) have finished and then check each booklet completed
If not, ask if questions missed in error
If in error, ask respondent to complete.
ENDIF

IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (DARK YELLOW/GREEN/GREY/PINK) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) COMPLETED?
1   Fully completed
2   Partially completed
3   Not completed

IF SComp3 =Fully completed OR Partially completed THEN
SC3Acc
Was it completed without assistance?
1   Completed independently
2   Assistance from other children
3   Assistance from adult(s) (not interviewer)
4   Assistance from interviewer
5   Interviewer administered
ENDIF

IF SComp3 = Partially completed OR Not completed THEN

SComp6
INTERVIEWER: RECORD WHY BOOKLET NOT COMPLETED / PARTIALLY
COMPLETED. CODE ALL THAT APPLY:
0   Child 2-13 away from home during fieldwork period
1   Eyesight problems
2   Language problems
3   Reading/writing/comprehension problems
4   Respondent bored/fed up/tired
5   Questions too sensitive/invasion of privacy
6   Too long/too busy/taken long enough already
7   Refused to complete booklet (no other reason given)
8   Illness/disability
9   Child 2-13 asleep
10   Not in/not available
11   Proxy refusal
12   No self completion booklet available
95   Other (SPECIFY)

IF SComp6=Other THEN
SComp6O
PLEASE SPECIFY OTHER REASON.
        Text: Maximum 60 characters
        ENDIF
ENDIF

IF SComp3 = Fully completed OR Partially completed THEN
SComp5A
INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE *(name of respondent)*
COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT
THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR
OLDS OR OTHERS IN THE ROOM.
CODE ALL THAT APPLY.
1   Spouse / partner
2   Parent(s) (incl step-/foster-)
3   Brother(s)/Sister(s)
4   Own/Related child(ren) (incl step-/ foster-/ partner's)
5   Other relative(s)
6   Unrelated adult(s)
7   Unrelated child(ren)
8   Interviewer
9   Completed alone in room
        ENDIF
ENDIF

Measurements

ASK ALL
Intro
PREAMBLE: I would now like to measure height and weight. There is interest in how people's weight, given their height, is associated with their health.
INTERVIEWER: MAKE OUT GREEN MRC FOR EACH PERSON.

IF Age >=2 THEN
RespHts
MEASURE HEIGHT AND CODE. INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Height refused.
1   Height measured
2   Height refused
3   Height attempted, not obtained
4   Height not attempted

IF RespHts = Height measured THEN
Height
ENTER HEIGHT.
Range: 60.0..244.0
ENDIF

RelHite
INTERVIEWER CODE ONE ONLY
        1   No problems experienced reliable height measurement obtained
Problems experienced - measurement likely to be:
        2   Reliable
        3   Unreliable

IF RelHite = Unreliable THEN
HiNRel
INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?
1   Hairstyle or wig
2   Turban or other religious headgear
3   Respondent stooped
4   Child respondent refused stretching
5   Respondent would not stand still
6   Respondent wore shoes
95   Other, please specify

IF HiNRel = Other THEN
OHiNRel
INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.
        Text: Maximum 60 characters
    ENDIF
ENDIF

MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.

HEIGHT: *(x)* cm OR *(x)* feet *(x)* inches.

ELSEIF RespHts = Height refused THEN
ResNHi
GIVE REASONS FOR REFUSAL.
1   Cannot see point/Height already known/Doctor has measurement
2   Too busy/Taken too long already/ No time
3   Respondent too ill/frail/tired
4   Considered intrusive information
5   Respondent too anxious/nervous/shy/embarrassed
6   Refused (no other reason given)
7   Other

ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
NoHtBC
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
            1   Child: away from home during fieldwork period (specify in a Note)
            2   Respondent is unsteady on feet
            3   Respondent cannot stand upright/too stooped
            4   Respondent is unable to get out of a chair/in a wheelchair
            5   Respondent is unable to get out of bed
            6   Respondent unable to remove shoes
            7   Child: subject would not stand still
            8   Ill or in pain/has disability
            9   Stadiometer faulty/not available/couldn't be used
            10   Child 2-13 asleep
            11   Not in/not available
            12   Proxy refusal
            95   Other - specify

IF OTHER IN NoHtBC THEN
NoHitCO
PLEASE SPECIFY OTHER REASON
        Text: Maximum 60 characters
ENDIF
ENDIF

IF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN
EHtCh
INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?
IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>,
IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
    1   Metres
    2   Feet and inches

    IF EHtCh = Metres
    EHtM
PLEASE RECORD ESTIMATED HEIGHT IN METRES.
Range: 0.01..2.44

ELSEIF EHtCh = Feet and inches
EHtFt
PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
Range: 0..7

EHtIn
PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.
Range: 0..11

You can enter half inches, if given, with a .5 decimal.
ENDIF
ENDIF

EstHt
Computed: Final measured or estimated height (cm).
Range: 0..0… …999.9

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN
PregNowB
May I check, are you pregnant now?
1   Yes
2   No
ENDIF

IF PregNowB<> Yes THEN
RespWts
INTERVIEWER: MEASURE WEIGHT AND CODE. *(IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS 'WEIGHT NOT ATTEMPTED')* INCLUDE 'DISGUISED' REFUSALS SUCH AS 'IT WILL TAKE TOO LONG', 'I HAVE TO GO OUT' ETC. AT CODE 2: Weight refused.
0   *If Age 2-5 years: Weight obtained (child held by adult)/ If Age over 5 years*: DO NOT USE THIS CODE
1   Weight obtained (subject on own)
2   Weight refused
3   Weight attempted, not obtained
4   Weight not attempted

IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN
IF RespWts = Weight obtained (subject on own) THEN
XWeight
RECORD WEIGHT.
Range: 10.0..130.0

ELSEIF RespWts = Weight obtained (child held by adult) THEN
WtAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..130.0

WtChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.

Range: 15.0..130.0
ENDIF

Weight
Computed: Measured weight, either Weight or WtChAd – WtAdult
Range: 0.0..140.0

FloorC
SCALES PLACED ON?
1   Uneven floor
2   Carpet
3   None of these

RelWaitB
INTERVIEWER CODE ONE ONLY.
1   No problems experienced, reliable weight measurement obtained
         Problems experienced - measurement likely to be:
2   Reliable
3   Unreliable

MBookWt
INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD
CARD.
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO
BACK TO XWeight' AND REWEIGH.
ENDIF

IF RespWts = Weight refused THEN
ResNWt
GIVE REASONS FOR REFUSAL.
    1   Cannot see point/Weight already known/Doctor has measurement
    2   Too busy/Taken long enough already/No time
    3   Respondent too ill/frail/tired
    4   Considered intrusive information
    5   Respondent too anxious/nervous/shy/embarrassed
    6   Child refused to be held by parent
    7   Parent refused to hold child
    8   Refused (no other reason given)
    9   Other

IF RespWts = Weight attempted, not obtained OR Weight not attempted THEN
NoWtBC
CODE REASON FOR NOT OBTAINING WEIGHT.
  1   Child: away from home during fieldwork period (specify in a Note)
  2   Respondent is unsteady on feet
  3   Respondent cannot stand upright
  4   Respondent is unable to get out of a chair/in a wheelchair
  5   Confined to bed
  6   Respondent unable to remove shoes
  7   Respondent weighs more than 130 kg
  8   Ill or in pain/has disability

9   Scales not working/not available/couldn't be used
10 Parent unable to hold child
11 Child 2-13 asleep
12 Not in/not available
13 Proxy refusal
95 Other - specify

IF NoWtBC = Other THEN
NoWatCO
PLEASE SPECIFY OTHER REASON.
Text: Maximum 60 characters
ENDIF
      ENDIF

EWtCh
INTERVIEWER: ASK *(respondent)* FOR AN ESTIMATED WEIGHT. WILL IT BE GIVEN IN KILOGRAMS OR IN STONES AND POUNDS
1   Kilograms
2   Stones and pounds
      ENDIF
ENDIF

IF EWtCh = kg
EWtkg
PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.
Range: 1.0..210.0

ELSEIF EWtCh = StnPnd
EWtSt
PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.
Range: 1..32

EWtL
PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.
Range: 0..13
ENDIF

EstWt
Computed: Final measured or estimated weight (kg).
Range: 0.0….999.9
ENDIF

IF RESPONDENT IS <16
Birth
INTERVIEWER: ASK OF (NAME OF CHILD'S) PARENT/LEGAL GUARDIAN:
We are interested in the birth weight of children taking part in this survey. Can you tell me, what was *(name of child's)* weight at birth?
INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES? :
1   Kilograms
3   Pounds and ounces

    IF Birth = Kilograms THEN

Birthkg

PLEASE RECORD *(name of child's)* BIRTHWEIGHT IN KILOGRAMS.

Range: 1.00..6.75

ELSEIF Birth = Pounds and ounces THEN
BirthL

PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER POUNDS.

Range: 2..15

BirthO

PLEASE RECORD *(name of child's)* BIRTHWEIGHT. ENTER OUNCES.

Range: 0..15

ENDIF

BirthWt
Computed: Given birthweight (kg)
Range: 0.00….8.70

IF BirthWt = [between 0.1kg and 2.5kg] THEN
Prmature

Was *(name of child)* born prematurely?

1   Yes
2   No

IF Prmature = Yes THEN
PrWeeks

How many weeks early was *(name of child)* born?

ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN
FOUR DAYS, ENTER '0'.

Range: 0..20

ENDIF

ENDIF

ENDIF

Nurse Appointment

IF Age of respondent < 16 AND No legal parent in household THEN
NurseA
In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won't be making an appointment for you.
  1   Continue

ELSE (All other respondents)
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect some medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required.

INTERVIEWER: Check whether the respondent agrees to the nurse visit. **Always** mention the nurse by name (if known). Press <9> for help explaining about the nurse visit.

IF ASKED FOR DETAILS, EXPLAIN: The nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure and take a saliva sample.
1 Agreed nurse could contact
2 Refused nurse contact

IF Nurse = Agreed nurse could contact THEN

NrsAppt
INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

1   Able to make an appointment for the nurse
2   Unable to make an appointment for the nurse

AptRec
INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE **MEASUREMENT RECORD CARD.**

ENTER THE NURSE'S NAME, APPOINTMENT DATE AND TIME.

EVEN IF YOU HAVE NOT MADE AN APPOINTMENT, ALWAYS WRITE DOWN THE NAME OF NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

IF Nurse = Refused nurse contact THEN
NurseRef
INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT **G1** ON A.R.F

0   Own doctor already has information
1   Given enough time already to this survey/expecting too much
2   Too busy, cannot spare the time (if Code 1 does not apply)
3   Had enough of medical tests/medical profession at present time
4   Worried about what nurse may find out/'might tempt fate'
5   Scared/of medical profession/ particular medical procedures (e.g. blood sample)
6   Not interested/Can't be bothered/No particular reason
95   Other reason (specify)

IF NurseRef=Other reason THEN
NrsRefO
PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD
AT **G1** ON A.R.F.
Text: Maximum 60 characters
ENDIF

Consents

ASK ALL AGED 16+
NHSCan
We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read these forms, it explains more about what is involved.
INTERVIEWER: GIVE THE RESPONDENT THE WHITE CONSENT FORM (NHS CANCER REGISTRY) AND THE GREEN CONSENT FORM (HES) AND ALLOW THEM TIME TO READ THE INFORMATION.

1   Consent given
2   Consent not given

IF NHSCAN = Consent given THEN
NHSSig
EXPLAIN THE NEED FOR WRITTEN CONSENT: Before I can pass your details on, I have to obtain written consent from you.
ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORMS.
ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.
GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.
CODE WHETHER SIGNED CONSENTS OBTAINED.
CODE ALL THAT APPLY.
1   Hospital Episodes Statistics Register consent obtained
2   NHS Central Register and Cancer Registry consent obtained
3   All consents signed
4   No signed consents
ENDIF

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.
        1   Continue

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.
INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.
1 Number given
2 Number refused
3 No telephone
4 Number unknown

ReInter
If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?
        1   Yes
        2   No

P2927

Point				Address		HHLD	CKL	Person No		First name:	
1-4				5-6		7		8-9			

Spare	Card			Spare	Survey month:	
10-11	3	1	4	15-20		
	12-14					

Health Survey for England 2009

Booklet for 8-12 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell your answers to anyone you know.

- Look at the instructions on the next page and read what to do.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

09-14i

How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this

Yes $\boxed{\checkmark}_1$

No $\boxed{}_2$

- Sometimes you have to write a number in the box, for example

I was $\boxed{\textbf{10}}$ years old

write in

- Next to some of the boxes are arrows and instructions.
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

No $\boxed{}_2$ → **Go to question 4**

Yes $\boxed{\checkmark}_1$

I was $\boxed{\textbf{10}}$ years old

write in

Cigarette Smoking

CSmokCig

1. Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

178

No ☐ 2 → **Go to question 2**

Yes ☐ 1

How old were you when you tried smoking a cigarette, even if it was only a puff or two?

CSmokAge

179-180

I was ☐ years old

Write in

CSmokReg

2. Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

181

I have never smoked ☐ 1

I have only smoked once or twice ☐ 2

I used to smoke sometimes, but I never smoke a cigarette now ☐ 3

I sometimes smoke, but I don't smoke every week ☐ 4

Go to next question

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

CCigWeek

3. Did you smoke any cigarettes last week?

Tick one box

182

No ☐ 2 **Go to question 4**

Yes ☐ 1

How many cigarettes did you smoke last week?

183-184

I smoked ☐ cigarettes

2

EVERYONE PLEASE ANSWER

Ansrmo
4. Do you find that you are often near people who are smoking in any of these places?

Please tick all the places where you are often near people who are smoking

Tick all boxes which apply
185-204

At home | 01 |
In other people's homes | 02 | **Go to next question**
In other places
(Please write these other places on the line below) | 03 |

_____

No, none of these | 97 | → **Go to question 6 on page 4**

Asmkbthr
5. Does this bother you?

Tick one box
205

Yes | 1 |
No | 2 | → **Go to next question**

Spare 206-214

Drinking

Adrprop

6. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box
215

Yes ☐ 1 → **Go to question 8**

No ☐ 2 → **Go to next question**

Adrpops

7. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box
216

Yes ☐ 1 → **Go to next question**

No ☐ 2 → **Go to question 11 on page 6**

Adrinkag

8. How old were you the first time you had a proper alcoholic drink or alcopop?

217-218

I was ☐ years old

write in

Adrinkof

9. How often do you usually have an alcoholic drink or alcopop?

Tick one box
219

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4 → **Go to next question**

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

4

10. When did you **last** have an alcoholic drink or alcoholic
soft drink?

Tick one box

220

Today ☐ 1

Yesterday ☐ 2

Some other time during the last week ☐ 3

1 week, but less than 2 weeks ago ☐ 4 → **Go to next question**

2 weeks, but less than 4 weeks ago ☐ 5

1 month, but less than 6 months ago ☐ 6

6 months ago or more ☐ 7

Spare 221-287

Your weight

Everyone please answer

Saywgt

11. Given your age and height, would you say
that you are…

Tick one box

288

About the right weight ☐ 1

too heavy ☐ 2

or too light? ☐ 3 → **Go to next question**

Not sure ☐ 8

Saydiet

12. At the present time are you trying to **lose** weight, trying
to **gain** weight, or are you **not trying** to change your
weight?

Tick one box

289

Trying to lose weight ☐ 1

Trying to gain weight ☐ 2 → **Go to next question**

Not trying to change weight ☐ 3

6

Cycling

Everyone please answer

CBicycle

13.   Do you have a bicycle?

Tick one box

290

Yes   1
No   2

→ Go to next question

CHelma

14.   Do you wear a bicycle helmet when you ride a bike?

Tick one box

291

I always wear a helmet when I ride a bike   1

I sometimes wear a helmet when I ride a bike   2

I never wear a helmet when I ride a bike   3

I never ride a bike   4

→ Go to next question

CHelmb1-7

15.   What do you think about bicycle helmets?
       Please tick all the boxes that you agree with

292-298

Wearing a helmet makes me feel safer when I ride a bike   1

I sometimes forget to put my helmet on   2

Bicycle helmets cost too much money   3

Helmets look good   4

It is difficult to get helmets to fit   5

Helmets can protect you if you have an accident   6

Wearing a helmet makes me feel like a proper cyclist   7

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2927

Point				Address		HHLD	CKL	Person No	

1-4 · 5-6 · 7 · 8-9

First name:

Spare	Card			Spare
	3	1	3	

10-11 · 12-14 · 15-20

Survey month:

Health Survey for England 2009

Booklet for 13-15 year olds

In Confidence

- Here are some questions for you to answer on your own.

- We are interested in your honest answers.

- We will not tell your answers to anyone you know.

- Look at the instructions on the next page and read what to do.

- Ask the interviewer for help if you do not understand a question or are not sure what to do.

Thank you for taking part in this survey

09-15i

How to answer these questions

- Please read each question carefully

- Most of the questions can be answered by putting a tick in the box
  next to the answer that applies to you like this

  Yes   ✔ 1

  No   2

- Sometimes you have to write a number in the box, for example

  I was   **10**   years old

  write in

- Next to some of the boxes are arrows and instructions
  They show or tell you which question to answer next.
  If there are no special instructions, just answer the next question.

  No   2   → **Go to question 4**

  Yes   ✔ 1

           I was **10** years old

           write in

Cigarette Smoking

ASmokCig

Q1   Have you ever tried smoking a cigarette, even if it was
only a puff or two?

Tick one box

171

Yes ☐ 1 ⎤
           ⎬ **Go to next question**
No   ☐ 2 ⎦

ASmokReg

Q2   Now read all the following sentences very carefully and
tick the box next to the one which best describes you.

Tick one box

172

I have never smoked ☐ 1 → **Go to question 6**

I have only smoked once or twice ☐ 2

I used to smoke sometimes, but I never smoke a
cigarette now ☐ 3

I sometimes smoke, but I don't smoke every week ☐ 4   **Go to next question**

I smoke between one and six cigarettes a week ☐ 5

I smoke more than six cigarettes a week ☐ 6

ACigAge

Q3   How old were you when you tried smoking a cigarette,
even if it was only a puff or two?

173-174

I was ☐ years old   **Go to next question**

write in

ACigweek

Q4   Did you smoke any cigarettes last week?

Tick one box

175

Yes ☐ 1 → **Go to next question**

No   ☐ 2 → **Go to question 6**

ACigNum

Q5   How many cigarettes did you smoke last week?

176-177

I smoked ☐ cigarettes   **Go to next question**

write in

EVERYONE PLEASE ANSWER

Anrsmo2 (new)

Q6   Do you find that you are often near people who are
smoking in any of these places?

**Please tick <u>all</u> the places where you are often near
people who are smoking**

**Tick <u>all</u> boxes
which apply**

185-204

At home | 01 |

In other people's homes | 02 | → **Go to next question**

In other places
(please write these other places on the line below) | 03 |

_____

No, none of these | 97 | → **Go to question 8**

Asmkbthr

Q7   Does this bother you?

Tick one box

205

Yes | 1 |

No | 2 | → **Go to next
question**

Spare 206-214

3

Drinking

Adrprop

Q8 Have you ever had a proper alcoholic drink – a whole drink, not just a sip? **Please don't count drinks labelled low alcohol.**

Tick one box

215

Yes ☐ 1 → **Go to question 10**

No ☐ 2 → **Go to next question**

Adrpops

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch etc)?

Tick one box

216

Yes ☐ 1 → **Go to next question**

No ☐ 2 → **Go to question 19 on page 8**

Adrinkag

Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

217-218

I was ☐ years old **Go to next question**

write in

Adrinkof

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

219

Almost every day ☐ 1

About twice a week ☐ 2

About once a week ☐ 3

About once a fortnight ☐ 4 → **Go to next question**

About once a month ☐ 5

Only a few times a year ☐ 6

I never drink alcohol now ☐ 7

4

Adrlast

Q12 When did you **last** have an alcoholic drink or alcopop?

Tick one box

220

Today ☐ 1

Yesterday ☐ 2 → **Go to next question**

Some other time during the last week ☐ 3

1 week, but less than 2 weeks ago ☐ 4

2 weeks, but less than 4 weeks ago ☐ 5 → **Go to question 19 on page 8**

1 month, but less than 6 months ago ☐ 6

6 months ago or more ☐ 7

Aberzw

Q13 Which, if any, of the drinks shown below, have you drunk in the last 7 days?

Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager cider or shandy (exclude bottles or cans of shandy)

Have you drunk this in the last 7 days?

Tick one box

221

No ☐ 2 → **Go to question 14**

Yes ☐ 1

How much did you drink in the last 7 days?
Write in:

222-225

Aberzqpt ☐ **Pints** (if half a pint, write in ½)

226-227

Aberzqlg AND/OR ☐ **Large cans or bottles**

228-229

Aberzqsm AND/OR ☐ **Small cans or bottles**

5

Q14 **Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails**

Have you drunk this in <u>the last 7 days</u>?

Tick one box ▶

230

No ☐ 2 **Go to question 15**

Yes ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

231-232

Aspirqgs

☐ **Glasses** (count doubles as two glasses)

Q15 **Sherry or martini (including port, vermouth, cinzano, dubonnet)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box ▶

233

No ☐ 2 **Go to question 16**

Yes ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

234-235

Asherqgs

☐ **Glasses** (count doubles as two glasses)

Q16 **Wine (including babycham and champagne)**

Have you drunk this in <u>the last 7 days</u>?

Tick one box ▶

236

No ☐ 2 **Go to question 17**

Yes ☐ 1

How much did you drink in the <u>last 7 days?</u>
Write in:

237-238

Awineqgs

☐ **Glasses**

Spare 239-245

6

Q17   Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, Hooch, etc.)

Have you drunk this in <u>the last 7 days</u>?

Tick one box

246

No ☐ 2 → **Go to question 18**

Yes ☐ 1

How much did you drink in the <u>last 7 days</u>?
Write in:

247-248

Apopsqlg   ☐   **Large cans or bottles**

249-250

Apopsqsm   AND/OR ☐   **Small cans or bottles**

Q18   Other kinds of <u>alcoholic</u> drink?

Have you drunk this in <u>the last 7 days</u>?

Tick one box

251

No ☐ 2 → **Go to question 19**

Yes ☐ 1 → **Complete details below**

Write in name of drink

How much did you drink in the <u>last 7 days</u>?
Write in:

252	253-262
263	264-273
274	275-284

Spare 285-287

Your weight

Everyone please answer

Q19 Given your age and height, would you say
that you are…

Tick one box

288

About the right weight ☐ 1

too heavy ☐ 2

or too light? ☐ 3   **→ Go to next question**

Not sure ☐ 8

Q20 At the present time are you trying to **lose** weight, trying
to **gain** weight, or are you **not trying** to change your
weight?

Tick one box

289

Trying to lose weight ☐ 1

Trying to gain weight ☐ 2

Not trying to change weight ☐ 3

Spare 290-310

8

General health over the last few weeks

Please read this carefully:
We should like to know how your health has been in general over **the past few weeks**. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick **one** box
311

	Better than usual	Same as usual	Less than usual	Much less than usual
GHQConc **Q21** been able to concentrate on whatever you're doing?	1	2	3	4

Tick **one** box
312

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSleep **Q22** lost much sleep over worry?	1	2	3	4

Tick **one** box
313

	More so than usual	Same as usual	Less useful than usual	Much less useful
GHQUse **Q23** felt you were playing a useful part in things?	1	2	3	4

Tick **one** box
314

	More so than usual	Same as usual	Less so than usual	Much less capable
GHQDecis **Q24** felt capable of making decisions about things?	1	2	3	4

Tick **one** box
315

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQStrai **Q25** felt constantly under strain?	1	2	3	4

Tick **one** box
316

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQOver **Q26** felt you couldn't overcome your difficulties?	1	2	3	4

HAVE YOU RECENTLY:

GHQEnjoy

Q27 been able to enjoy your normal day-to-day activities?

Tick **one** box
317

More so than usual	Same as usual	Less so than usual	Much less than usual
1	2	3	4

GHQFace

Q28 been able to face up to your problems?

Tick **one** box
318

More so than usual	Same as usual	Less able than usual	Much less able
1	2	3	4

GHQUnhap

Q29 been feeling unhappy and depressed?

Tick **one** box
319

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQConfi

Q30 been losing confidence in yourself?

Tick **one** box
320

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQWorth

Q31 been thinking of yourself as a worthless person?

Tick **one** box
321

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQHappy

Q32 been feeling reasonably happy, all things considered?

Tick **one** box
322

More so than usual	About same as usual	Less so than usual	Much less than usual
1	2	3	4

Thank you for answering these questions.
Please give the   booklet back to the interviewer.

Point	Address	HHLD	CKL	Person No

1-4   5-6   7   8-9

First name:

Spare   Card   Spare

3	1	1

10-11   12-14   15-20

Survey month:

Health Survey for England 2009

Booklet for Young Adults

In Confidence

How to fill in this questionnaire

A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Tick **one** box

Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
1	✔ 2	3	4

Do you feel that you lead a …

B. Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.
Example:

Write in no. | 6 |

C. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

Example:

Tick **one** box

Yes | ✔ 1 | → **Go to Q4**

No | 2 | → **Go to Q5**

Smoking

DSmokevr

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

21

Yes ☐ 1 ➤ **Go to next question**

No ☐ 2 ➤ **Go to Q12 on page 4**

Dsmokcig

Q2 Have you ever smoked a cigarette?

Tick ONE box

22

Yes ☐ 1 ➤ **Go to next question**

No ☐ 2 ➤ **Go to Q12 on page 4**

DCigage

Q3 How old were you when you first tried smoking a cigarette, even if it was only a puff or two?

23-24

Write in how old you were then ☐

DSmoknow

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

25

Yes ☐ 1 **Go to Q7 on page 3**

No ☐ 2 ➤ **Go to next question**

1

Q5   Why did you decide to give up smoking?

Tick ALL that apply
26-43

Advice from a GP/health professional	01
Advert for a nicotine replacement product	02
Government TV, radio or press advert	03
Hearing about a new stop smoking treatment	04
Financial reasons (couldn't afford it)	05
Because of the smoking ban in all enclosed public places, including pubs and restaurants	06
I knew someone else who was stopping	07
Seeing a health warning on a cigarette packet	08
Family or friends wanted me to stop	09
Being contacted by my local NHS Stop Smoking Services	10
Health problems I had at the time	11
Worried about future health problems	12
Pregnancy	13
Worried about the effect on my children	14
Worried about the effect on other family members	15
My own motivation	16
Something else	17
Cannot remember	98

DSmokreg

Q6   Did you smoke cigarettes regularly or occasionally?

Tick ONE box
44

Regularly, that is at least one cigarette a day	1
Occasionally	2
I never really smoked cigarettes, just tried them once or twice	3

→ **Go to Q12 on page 4**

2

CURRENT SMOKERS

DDlysmok

Q7 About how many cigarettes a day do you usually smoke on <u>weekdays?</u>

45-46

Write in number smoked a day

Dwkndsmo

Q8 And about how many cigarettes a day do you usually smoke at <u>weekends</u>?

47-48

Write in number smoked a day

DCigType

Q9 Do you <u>mainly</u> smoke …

Tick ONE box

49

filter-tipped cigarettes, 1

plain or untipped cigarettes, 2

or hand-rolled cigarettes? 3

DGiveup

Q10 Would you like to give up smoking altogether?

Tick ONE box

50

Yes 1 → **Go to next question**

No 2 → **Go to Q12**

DyGvUp

Q11 What are your main reasons for wanting to give up?

Tick ALL that apply

51-66

Because of a health problem I have at present 01

Better for my health in general 02

Less risk of getting smoking related illnesses 03

Family/friends wanted me to stop 04

Financial reasons (couldn't afford it) 05

Worried about the effect on my children 06

Because of the ban on smoking in all public places 07

Other 08

3

EVERYONE PLEASE ANSWER

DPareg

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

67

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

Dmareg

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

68

Yes ☐ 1

No ☐ 2

Don't know ☐ 8

DExpsm

Q14 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

69-71

Number of hours a week ☐

Write in

Dnrsmo2

Q15 Are you regularly exposed to other people's tobacco
a) smoke in any of these places?

Please tick all the places where you are often exposed to other people's smoke

Tick ALL boxes which apply

72-77

At home ☐ 1

At work ☐ 2

In other people's homes ☐ 3

Outdoor smoking areas of pubs/restaurants/cafes ☐ 4

In other places ☐ 5

→ **Go to Q15 b)**

No, none of these ☐ 6 → **Go to Q16 on page 5**

4

DSmkbthr

Q15 Does this bother you?
b)

<div align="right">

Tick ONE box

78

Yes [1]

No [2]

</div>

DRINKING

DDrink

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

<div align="right">

Tick one box

79

Yes [1] → **Go to Q19**

No [2] → **Go to next question**

</div>

DDrinkan

Q17 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

<div align="right">

Tick one box

80

Very occasionally [1] → **Go to Q19**

Never [2] → **Go to next question**

</div>

Dalwaytt

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

<div align="right">

Tick one box

81

Always a non-drinker [1]

Used to drink but stopped [2]

→ **Go to Q24 on page 8**

</div>

DDrinkag

Q19 How old were you the first time you ever had a proper alcoholic drink?

<div align="right">

82-83

Write in how old you were then [ ]

</div>

DDrinkof

Q20 Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box
84-85

Almost every day — 01

Five or six days a week — 02

Three or four days a week — 03

Once or twice a week — 04

Once or twice a month — 05

Once every couple of months — 06

Once or twice a year — 07

Not all in the last 12 months — 08

DDrinkL7

Q21 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box
86

Yes — 1 → **Go to next question**

No — 2 → **Go to Q24 on page 8**

DDrnkday

Q22 On how many days out of the last seven did you have an alcoholic drink?

Tick one box
87

One — 1

Two — 2

Three — 3

Four — 4

Five — 5

Six — 6

Seven — 7

Q23 Please think about <u>the day in the last week on which you drank the most.</u> (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank <u>on that day</u>. For the ones you drank, write in how much you drank <u>on that day</u>. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK **ALL** DRINKS DRUNK ON THAT DAY		Glasses (count doubles as 2 singles)	Pints	Large cans or bottles	Small cans or bottles	
<u>Normal</u> strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy. **DDktyp01**	88-103 ☐ 01		Nberqpt7	Dnbl7q2	Dnbl7q3	104-111
<u>Strong</u> beer, lager, stout or cider (6% alcohol or more, such as Tennants Super, Special Brew, Diamond White) **DDktyp02**	☐ 02		SBerqpt7	Dsbl7q2	Dsbl7q3	112-119
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails **DDktyp03**	☐ 03	DSpirl7q				120-121
Sherry or martini (including port, vermouth, cinzano, dubonnet) **DDktyp04**	☐ 04	Dshrl7q				122-123

		Large glasses (250ml)	Standard glasses (175ml)	Small glasses (125ml)	Bottles (750ml)	
Wine (including babycham and champagne) **DDktyp05**	☐ 05	Dw250ml	Dw175ml	Dw125ml	dwbtl	124-132

TICK ALL DRINKS DRUNK ON THAT DAY		Glasses	Pints	Large cans or bottles	Small cans or bottles	
Alcoholic soft drink ('alcopop') or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice **DDktyp06**	☐ 06				Dpopsl7q	133-134

Other kinds of alcoholic drink
WRITE IN NAME OF DRINK

1. **DDktyp07**	☐ 07	☐	☐	☐	☐	135-144
2. **DDktyp08**	☐ 08	☐	☐	☐	☐	145-154

Spare 155-310

8

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer **ALL** the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick **one** box

311

	Better than usual	Same as usual	Less than usual	Much less than usual
GHQConc				
Q24 been able to concentrate on whatever you're doing?	1	2	3	4

Tick **one** box

312

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQSleep				
Q25 lost much sleep over worry?	1	2	3	4

Tick **one** box

313

	More so than usual	Same as usual	Less useful than usual	Much less useful
GHQUse				
Q26 felt you were playing a useful part in things?	1	2	3	4

Tick **one** box

314

	More so than usual	Same as usual	Less so than usual	Much less capable
GHQDecis				
Q27 felt capable of making decisions about things?	1	2	3	4

Tick **one** box

315

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQStrai				
Q28 felt constantly under strain?	1	2	3	4

Tick **one** box

316

	Not at all	No more than usual	Rather more than usual	Much more than usual
GHQOver				
Q29 felt you couldn't overcome your difficulties?	1	2	3	4

HAVE YOU RECENTLY:

Tick **one** box
317

	More so than usual	Same as usual	Less so than usual	Much less than usual

GHQEnjoy

Q30 been able to enjoy your normal day-to-day activities?

☐ 1   ☐ 2   ☐ 3   ☐ 4

Tick **one** box
318

	More so than usual	Same as usual	Less able than usual	Much less able

GHQFace

Q31 been able to face up to your problems?

☐ 1   ☐ 2   ☐ 3   ☐ 4

Tick **one** box
319

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQUnhap

Q32 been feeling unhappy and depressed?

☐ 1   ☐ 2   ☐ 3   ☐ 4

Tick **one** box
320

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQConfi

Q33 been losing confidence in yourself?

☐ 1   ☐ 2   ☐ 3   ☐ 4

Tick **one** box
321

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQWorth

Q34 been thinking of yourself as a worthless person?

☐ 1   ☐ 2   ☐ 3   ☐ 4

Tick **one** box
322

	More so than usual	About same as usual	Less so than usual	Much less than usual

GHQHappy

Q35 been feeling reasonably happy, all things considered?

☐ 1   ☐ 2   ☐ 3   ☐ 4

General Health Questionnaire (GHQ – 12)
©David Goldberg, 1978

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2927

Point				Address		HHLD	CKL	Person No	
1-4				5-6		7		8-9	

First name:

Spare	Card		Spare
	3	1	2
10-11	12-14		15-20

Survey month:

Health Survey for England 2009

Booklet for Adults

In Confidence

How to fill in this questionnaire

Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Tick one box

	Very healthy life	Fairly healthy life	Not very healthy life	An unhealthy life
Do you feel that you lead a ...	☐ 1	✔ 2	☐ 3	☐ 4

09-17i

GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:

We should like to know how your health has been in general over **the past few weeks**. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Tick one box
311

	Better than usual	Same as usual	Less than usual	Much less than usual

GHQConc

Q1 been able to concentrate on whatever you're doing?

1	2	3	4

Tick one box
312

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQSleep

Q2 lost much sleep over worry?

1	2	3	4

Tick one box
313

	More so than usual	Same as usual	Less useful than usual	Much less useful

GHQUse

Q3 felt you were playing a useful part in things?

1	2	3	4

Tick one box
314

	More so than usual	Same as usual	Less so than usual	Much less capable

GHQDecis

Q4 felt capable of making decisions about things?

1	2	3	4

Tick one box
315

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQStrai

Q5 felt constantly under strain?

1	2	3	4

Tick one box
316

	Not at all	No more than usual	Rather more than usual	Much more than usual

GHQOver

Q6 felt you couldn't overcome your difficulties?

1	2	3	4

1

HAVE YOU RECENTLY:

GHQEnjoy

Q7   been able to enjoy your normal
day-to-day activities?

317

More so than usual	Same as usual	Less so than usual	Much less than usual
1	2	3	4

GHQFace

Q8   been able to face up to your problems?

Tick one box
318

More so than usual	Same as usual	Less able than usual	Much less able
1	2	3	4

GHQUnhap

Q9   been feeling unhappy and depressed?

Tick one box
319

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQConfi

Q10   been losing confidence in yourself?

Tick one box
320

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQWorth

Q11   been thinking of yourself as a worthless
person?

Tick one box
321

Not at all	No more than usual	Rather more than usual	Much more than usual
1	2	3	4

GHQHappy

Q12   been feeling reasonably happy, all things
considered?

Tick one box
322

More so than usual	About same as usual	Less so than usual	Much less than usual
1	2	3	4

Thank you for answering these questions.

Please give the booklet back to the interviewer.

P2827   **The Health Survey for England 2009**

Program Documentation

Nurse Schedule

Household grid

PERSON to OC are usually transmitted directly from the interview data to the nurse CAPI program. There is also a facility for nurses to key this information directly from the Nurse Record Form, for example if the nurse visit follows too quickly from the interview to allow the automatic transmission to take place.

Person
Person number of person who was interviewed
    Range 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
   1   Male
   2   Female

Age
Age of person who was interviewed
   Range 0..120

OC
Interview outcome of person who was interviewed
   1   Agreed Nurse Visit
   2   Refused Nurse Visit
   3   No outcome yet

IF AGE <= 15 THEN
   P1
   Person number of child's Parent 1.
     Range: 1..12

   NatPs1
   Parent type of Parent 1.
     1 Parent
     2 Legal parental responsibility
   P2
   Person number of child's Parent 2
   (code 97=no Parent 2 in household)
     Range: 01..97

   IF P2 IN [1..12] THEN
     NatPs2
     Parent type of Parent 2.
       1 Parent
       2 Legal parental responsibility
   ENDIF
ENDIF

AdrField
PLEASE ENTER THE FIRST TEN CHARACTERS OF THE FIRST LINE OF THE ADDRESS
TAKEN FROM N.R.F. ADDRESS LABEL.
MAKE SURE TO TYPE IT EXACTLY AS IT IS PRINTED.:
   Text: Maximum 10 characters

HHDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW FROM Q2 ON THE
NRF (OR INTERIM APPOINTMENT RECORD).

OpenDisp
HERE ARE THE PEOPLE AT THIS HOUSEHOLD WHO HAVE BEEN SEEN BY THE
INTERVIEWER (N/Y UNDER Nurse means 'Not yet interviewed', N/E means 'not eligible for
interview'.)
No, Name, Sex, Age, Nurse
 PRESS 1 AND <Enter> TO SEE WHICH NURSE SCHEDULE TO SELECT FOR EACH PERSON.

SchDisp
TO INTERVIEW EACH PERSON, PRESS <Ctrl+Enter> AND SELECT THE CORRESPONDING
NURSE SCHEDULE AS LISTED BELOW.
No, Name, Sex, Age, Nurse, Nurse Schedule Type

PRESS <Ctrl+Enter> TO SELECT A NURSE SCHEDULE FOR THE PERSON YOU WANT TO
INTERVIEW, OR TO EXIT.

Introduction

IF OC = 1 THEN

Info

You are in the Nurse Schedule for:

Person Number:

Name:

Age:

Sex:

Can you interview this person?

1   Yes, I will do the interview now
2   No, I will not be able to do this interview

ELSEIF OC=2 THEN

RefInfo

NURSE: *(Name of respondent)* IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS *(he/she)* CHANGED *(his/her)* MIND?

NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER *(Name of respondent)* HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT *(he/she)* HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR "Yes" HERE. ELSE CODE 2 FOR "No"

1   Yes, *(now/this person)* agrees nurse visit
2   No, *(still refuses/this person will not have a)* nurse visit

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)

NurDate

NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoBD

Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT'S) DATE OF BIRTH SEPERATELY

ENTERTHE **DAY** HERE.

NDoBM

NURSE: ENTER THE CODE FOR THE MONTH OF NATALIE'S DATE OF BIRTH.

NDoBY

ENTER THE YEAR OF NATALIE'S DATE OF BIRTH.

ConfAge

Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.

Range: 0..120

DispAge

CHECK WITH RESPONDENT: So your age is *(computed age)*?

    1   Yes
    2   No

IF Age of Respondent is 0 to 15 years THEN
       CParInt
NURSE: A child can be interviewed **only** with the permission of, and in the presence of, their parent or person who has (permanent) legal parental responsibility, ('parent'). No measurements should be carried out without the agreement of both the parent **and** the child. Press <1> and <Enter> to continue.

       CParNo
   NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
      1   *(Name of Parent 1)*
      2   *(Name of Parent 2)*
ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
   PregNTJ
   Can I check, are you pregnant at the moment?
      1   Yes
      2   No
ENDIF

Prescribed medicines, drug coding and folic acid
ALL WITH A NURSE VISIT
   MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?
NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

   1 Yes
   2 No
   3 Yes, but unable to code as name of drug(s) not available.

IF MedCNJD = Yes THEN
     MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?
NURSE: INCLUDING THE CONTRACEPTIVE PILL.
       1 Continue

Collect details of up to 22 prescribed medicines

   FOR i:= 1 TO 22 DO
     IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
       MedBI[i]
       NURSE: ENTER NAME OF DRUG NO. *(1,2,3..etc.)*.ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN.IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.
         Text: Maximum 30 characters

     MedBIA[i]
Have you taken/used *(name of medicine)* in the last 7 days?
       1 Yes
       2 No

     MedBIC[i]
NURSE CHECK: ANY MORE DRUGS TO ENTER?
       1 Yes
       2 No
       ENDIF
     ENDDO
ENDIF

IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN
   Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from a doctor?
NURSE: HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:
     Atorvastatin (Lipitor)
     Fluvastatin (Lescol, Lescol XL)

      Pravastatin (Lipostat)
      Rosuvastatin (Crestor) and Simvastatin (Zocor)
      1 Yes
      2 No

IF Statins = Yes THEN
StatinA
      Have you taken/used statins in the last 7 days?
      1 Yes
      2 No
ENDIF
ENDIF

IF MedCNJD = Yes THEN
Drug coding block

Dintro
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person *(person no.) (person name)*.
PRESS 1 AND <Enter> TO CONTINUE.
      1 Continue

Repeat for up to 22 drugs coded

FOR j:= 1 TO (Number of drugs recorded) DO
DrC1
NURSE: ENTER CODE FOR *(name of drug)* ENTER 999999 IF UNABLE TO CODE
      Text: Maximum 6 characters

    IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN
YTake1
Do you take *(name of drug)* because of a heart problem, high blood pressure or for some other reason?
      1 Heart problem
      2 High blood pressure
      3 Other reason
     IF YTake1 = Other THEN
        TakeOth1
      NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING *(name of drug)*:
        Text: Maximum 255 characters
     ENDIF
    ENDIF
  ENDDO
ENDIF

IF Sex=Female and Age=18-49 THEN
Folic
At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
      1 Yes

2 No

IF PreNTJ = Yes AND Folic = Yes
FolPreg
Did you start taking folic acid supplements before becoming pregnant?
    1 Yes
    2 No

    IF FolPreg = Yes
FolPreg12
Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?
    1 Yes
    2 No
    ENDIF
  ENDIF

  IF PreNTJ = No AND Folic = Yes
  FolPregHR
People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?
    1 Yes
    2 No
  ENDIF
ENDIF

Nicotine replacement therapy
ASK IF RESPONDENT AGED 16 AND OVER

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY.
IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE 'NO'.
  1 Yes, cigarettes
  2 Yes, cigars
  3 Yes, pipe
  4 No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN
  LastSmok
  How long is it since you last smoked a *(cigarette, (and/or a) cigar, (and/or a) pipe)*?
      1 Within the last 30 minutes
      2 Within the last 31-60 minutes
      3 Over an hour ago, but within the last 2 hours
      4 Over two hours ago, but within the last 24 hours
      5 More than 24 hours ago
ENDIF

  UseNic
We are also interested in whether people use any of the nicotine replacement products that
are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of
these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION
PRESCRIBED TO AID SMOKING CESSATION.
      1 Yes
      2 No

  IF UseNic=Yes THEN
  UseGum
  First, in the last seven days have you used any nicotine chewing gum?
      1 Yes
      2 No

      IF UseGum=Yes THEN
  GumMG
What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE
PACKET
      1 2mg
      2 4mg
      3 Can't say (and no packet available)
      ENDIF

  UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
      1 Yes
      2 No

9

IF UsePat=Yes THEN
NicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT.
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE
PACKET

    1 Nicorette: 5mg
    2 Nicorette: 10mg
    3 Nicorette: 15mg
    4 Nicotinell TTS: 10 (7mg)
    5 Nicotinell TTS: 20 (14mg)
    6 Nicotinell TTS: 30 (21mg)
    7 Niquitin: 7mg
    8 Niquitin: 14mg
    9 Niquitin: 21mg
    95 Other (SPECIFY AT NEXT QUESTION)
    96 Can't say (and no packet available)

IF NicPats=Other THEN
OthNic
STATE NAME AND STRENGTH OF NICOTINE PATCHES
    Text: Maximum 140 characters
ENDIF
ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
    1 Yes
    2 No
ENDIF

Blood pressure

IF Age of Respondent 0 to 4 years THEN
    NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
        1   Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
    PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
        1   Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
    BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.

PRESS <1> AND <ENTER> TO CONTINUE.

IF Age of Respondent is over 15 years THEN
    BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
        1   Continue

ELSE (Respondent aged 5-15)
    BPBlurb
READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure *(name of child's)* blood pressure. If you wish, I will write the results on *(his/her)* Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using *(his/her)* age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for *(his/her)* age and height, we shall advise *(his/her)* GP (with your permission) that *(name of child's)* blood pressure should be measured again.
        1   Continue
    ENDIF

    BPConst
NURSE: Does the respondent agree to blood pressure measurement?
        1   Yes, agrees
        2   No, refuses
        3   Unable to measure BP for reason other than refusal

IF BPConst = Yes, agrees THEN
    IF Age of Respondent is 13 years or over THEN
    ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?

CODE ALL THAT APPLY.
1   Eaten
2   Smoked
3   Drunk alcohol
4   Done vigorous exercise
5   (None of these)

ELSEIF (Age of Respondent is 5 to 12 years AND BPConst = Yes, agrees) THEN ConSubX2
May I just check, has *(name of child)* eaten, or done any vigorous exercise, in the past 30 minutes?
CODE ALL THAT APPLY.
1   Eaten
2   Done vigorous exercise
3   Neither
ENDIF

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001..999

CufSize
SELECT CUFF AND ATTACH TO THE RESPONDENT'S **RIGHT** ARM.
ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.

RECORD CUFF SIZE CHOSEN.
1   Child (15-22 cm)
2   Adult (22-32 cm)
3   Large adult (32-42 cm)

AirTemp
RECORD THE AMBIENT AIR TEMPERATURE **IN CENTIGRADES** TO ONE DECIMAL PLACE.
Range: 00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE **READY TO MEASURE** SYMBOL IS LIT BEFORE PRESSING THE **START** BUTTON TO THE START MEASUREMENTS.
1   Continue

Map to Dias repeated for up to 3 blood pressure measurements.

FOR I:= 1 TO 3 DO
Map[i]
TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) MAP READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".
Range: 001..999

Pulse[i]
ENTER *(FIRST/SECOND/THIRD)* PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
          Range: 001..999

Sys[i]
ENTER *(FIRST/SECOND/THIRD)* SYSTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
          Range: 001..999

Dias[i]
ENTER *(FIRST/SECOND/THIRD)* DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
          Range: 001..999
     ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:
YNoBP
ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS
          1   Blood pressure measurement attempted but not obtained
          2   Blood pressure measurement not attempted
          3   Blood pressure measurement refused
     ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR
     FEWER THAN THREE FULL READINGS OBTAINED THEN:
NAttBP
RECORD WHY *(ONLY TWO READINGS OBTAINED/ONLY ONE READING*
OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING
REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.
          0   Problems with PC
          1   Respondent upset/anxious/nervous
          2   Error reading
          3   (IF AGED UNDER 16: Too shy)
          4   (IF AGED UNDER 16: Child would not sit still long enough)
          5   Problems with cuff fitting/painful
          6   Problems with equipment (not error reading)
          95 Other reason(s) (SPECIFY AT NEXT QUESTION)

     IF NattBP = Other THEN
OthNBP
ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ ATTEMPTING
THREE BP READINGS:
          Text: Maximum 140 characters
     ENDIF
     ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
     DifBPC
RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
          1   No problems taking blood pressure
          2   Reading taken on left arm because right arm not suitable
          3   Respondent was upset/anxious/nervous

4   Problems with cuff fitting/painful
5   Problems with equipment (not error reading)
6   Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)

IF DifBPC=Other THEN
OthDifBP
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
        Text: Maximum 140 characters
    ENDIF
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
GPRegB
Are you registered with a GP?
        1   Yes
        2   No

IF GPRegB = Yes THEN
GPSend
May we send your blood pressure readings to your GP?
        1   Yes
        2   No

IF GPSend = No THEN
GPRefC
NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO
GP. CODE ALL THAT APPLY.
        1   Hardly/Never sees GP
        2   GP knows respondent's BP level
        3   Does not want to bother GP
        95 Other (SPECIFY AT NEXT QUESTION)

IF GPRefM = Other THEN
OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
        Text: Maximum 140 characters
        ENDIF
        ENDIF
    ENDIF

IF (GPRegB <> Yes) OR (GPSend = No) THEN
Code022
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
        1   Continue

ELSEIF GPSend = Yes THEN
ConsFrm1
NURSE:
A) ASK THE RESPONDENT TO READ AND COMPLETE THE 'BLOOD PRESSURE TO GP' SECTION OF THE CONSENT BOOKLET.
B) CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON CONSENT FORM.
C) CHECK NAME BY WHICH GP KNOWS RESPONDENT.
D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
    1 Continue
ENDIF

BPOffer
NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.
        Systolic   Diastolic   Pulse
i) *(First Systolic reading)*   *(First Diastolic reading) (First Pulse reading)*
ii) *(Second Systolic reading)**(Second Diastolic reading) (Second Pulse reading)*
iii) *(Third Systolic reading)*   *(Third Diastolic reading)*   *(Third Pulse reading)*

ENTER ON THEIR **MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

IF Systolic reading >179 OR Diastolic reading >114 THEN
TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

IF Systolic reading 160-179 OR Diastolic reading 100-114 *(Men aged 16-49 OR Women aged 16+)* **OR IF Systolic reading 170-179 OR Diastolic reading 105-114** *(Men aged 50+)* **THEN**
TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 *(Men aged 16-49 OR Women aged 16+)* **OR IF Systolic reading 160-169 OR Diastolic reading 96-104** *(Men aged 50+)* **THEN**
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 *(Men aged 16-49 OR Women aged 16+)* **OR IF Systolic reading <160 AND Diastolic reading <95** *(Men aged 50+)* **THEN**

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDIF
ENDIF
ENDIF

Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

   WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
     1 Continue

   WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
     1 Respondent agrees to have waist/hip ratio measured
     2 Respondent refuses to have waist/hip ratio measured
     3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
   FOR Loop:= 1 TO 3 DO
     IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2]. Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN
   Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES
(Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
     Range: 45.0..1000.0
     ENDIF

     IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN
     Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN
CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
     Range: 75.0..1000.0
     ENDIF
   ENDDO

   IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
     YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
     1 Both measurements refused
     2 Attempted but not obtained
     3 Measurement not attempted
   ENDIF
ENDIF

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR only one waist/hip measurement obtained) THEN
WHPNABM

GIVE REASON(S) *(FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED)*. CODE ALL THAT APPLY.

    1 Respondent is in a wheelchair
    2 Respondent is confined to bed
    3 Respondent is too stooped
    4 Respondent did not understand the procedure
    5 Respondent is embarrassed / sensitive about their size
    6 No time/ busy/ already spent enough time on this survey
    95 Other (SPECIFY AT NEXT QUESTION)

    IF WHPNABM = Other THEN
    OthWH

GIVE FULL DETAILS OF 'OTHER' REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:

    Text: Maximum 140 characters
    ENDIF
  ENDIF

  IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN
    WJRel

RECORD ANY PROBLEMS WITH WAIST MEASUREMENT:

    1 No problems experienced, **reliable** waist measurement
    2 Problems experienced - waist measurement **likely to be reliable**
    3 Problems experienced - waist measurement likely to be **slightly unreliable**
    4 Problems experienced - waist measurement **likely to be unreliable**

    IF WJRel = Problems experienced THEN
    ProbWJ

RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.

    1 Increases measurement (e.g. bulky clothing)
    2 Decreases measurement (e.g. very tight clothing)
    3 Measurement not affected
    ENDIF
  ENDIF

  IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN
    HJRel

RECORD ANY PROBLEMS WITH HIP MEASUREMENT (include here restrictions from type of clothing worn such as saris or religious/cultural items worn on the body):

    1 No problems experienced, **reliable** hip measurement
    2 Problems experienced - hip measurement **likely to be reliable**
    3 Problems experienced - hip measurement likely to be **slightly unreliable**
    4 Problems experienced - hip measurement **likely to be unreliable**

IF HJRel = Problems experienced THEN
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.
1   Increases measurement (e.g. bulky clothing)
2   Decreases measurement (e.g. very tight clothing)
3   Measurement not affected
ENDIF
ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist*:*   *(Waist measurements 1 and 2)*
Hip: *(Hip measurements 1 and 2)*
Press <1> and <Enter> to continue.
ENDIF
ENDIF

Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

> **BlIntro**

NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.
>   1   Continue

> **ClotB**

The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.

May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)
>   1   Yes
>   2   No

> **IF ClotB = No THEN**
> **Fit**

May I just check, have you had a fit (including epileptic fit, convulsion, convulsion associated with high fever)?
>   1   Yes
>   2   No
> **ENDIF**

IF Fit = No THEN
> **BSWill**

EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
Would you be willing to have a blood sample taken?
>   1   Yes
>   2   No
>   3   Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

IF BSWill = No THEN
> **RefBSC**

RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
>   1   Previous difficulties with venepuncture
>   2   Dislike/fear of needles
>   3   Respondent recently had blood test/health check
>   4   Refused because of current illness
>   5   Worried about HIV or AIDS
>   95 Other (SPECIFY AT NEXT QUESTION)

> **IF RefBS = Other THEN**
> **OthRefBS**

GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
>   Text: Maximum 135 characters
> **ENDIF**

ELSEIF BSWill = Yes THEN

BSConsC
EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.
  1 Continue
  ENDIF
ENDIF

IF BSWill = Yes THEN
  BSCons
NURSE: Ask the respondent to read and complete point number one in the 'Blood sample' section of the consent booklet.
Circle consent code 07 on the front of the Consent Booklet.
Press <1> and <Enter> to continue.

  GPSam
NURSE CHECK:
  1 Respondent registered with GP
  2 Respondent not registered with GP

  IF GPRegB = Yes OR GPSam = GP THEN
  SendSam
May we send the results of your blood sample analysis to your GP?
  1 Yes
  2 No

  IF SendSam = Yes THEN
  BSSign
NURSE: Ask the respondent to read and complete point number two in the 'Blood sample' section of the consent booklet.
Check name by which GP knows respondent.
Check GP name, address and phone no. are recorded on front of the Consent Booklet.
Circle consent code 09 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

  ELSEIF SendSam = No THEN
  SenSaC
Why do you not want your blood sample results sent to your GP?
  1 Hardly/never sees GP
  2 GP recently took blood sample
  3 Does not want to bother GP
  95 Other (SPECIFY AT NEXT QUESTION)

  IF SenSaC = Other THEN
  OthSam
GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
  Text: Maximum 140 characters
  ENDIF
  ENDIF

  IF (GPSam = No GP OR SendSam = No) THEN

Code08

CIRCLE CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
    ENDIF

ConStorB

ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
  1 Storage consent given
  2 Consent refused

    IF ConStorB = Yes THEN
Code09

NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.
Circle consent code 11 on front of the Consent Booklet.
Press <1> and <Enter> to continue.

    ELSEIF ConStorB = No THEN
Code10

CIRCLE CONSENT **CODE 12** ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
    ENDIF

TakeSam

CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL *(1 Plain (red) tube, 1 EDTA (purple) tube)* and 1 citrate (blue) tube.
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A BIRO. ONE LABEL PER TUBE.
      Serial number: *(displays serial number)*
      Date of birth: *(displays date of birth)*
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE RED LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
PRESS <1> AND <ENTER> TO CONTINUE.

SampF1

CODE IF PLAIN **RED** TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
  1 Yes
  2 No

SampF2

CODE IF EDTA **PURPLE** TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
  1 Yes
  2 No

  IF SampF1 = Yes OR SampF2 = Yes THEN
    SampTak:= Yes
  ELSEIF
    SampTak:= No
  ENDIF

SampTak
   Computed: Blood sample outcome.
      1   Blood sample obtained
      2   No blood sample obtained

IF SampTak = Yes THEN
SampArm
NURSE: RECORD FROM WHICH ARM THE BLOOD WAS TAKEN:
   1 Right
   2 Left
   3 Both

SamDifC
RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY.
   1 No problem
   2 Incomplete sample
   3 Collapsing/poor veins
   4 Second attempt necessary
   5 Some blood obtained, but respondent felt faint/fainted
   6 Unable to use tourniquet
   95 Other (SPECIFY AT NEXT QUESTION)

   IF SamDif = Other THEN
   OthBDif
GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE.
   Text: Maximum 140 characters
      ENDIF

   SnDrSam
Would you like to be sent the results of your blood sample analysis?
   1 Yes
   2 No

   IF SnDrSam = Yes THEN
   Code11
CIRCLE CONSENT **CODE 13** ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.

      ELSEIF SnDrSam = No THEN
   Code122
CIRCLE CONSENT **CODE 14** ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
      ENDIF

   ELSEIF SampTak = No THEN
   NoBSC
CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
   1 No suitable or no palpable vein/collapsed veins
   2 Respondent was too anxious/nervous
   3 Respondent felt faint/fainted
   4 Other (SPECIFY AT NEXT QUESTION)

IF NoBSM = Other THEN
OthNoBSM
GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters
ENDIF

Code12
CROSS OUT CONSENT CODES **07, 09, 11,** AND **13** IF ALREADY CIRCLED ON FRONT OF
CONSENT BOOKLET. REPLACE WITH CONSENT CODES **08, 10, 12,** AND **14** ON FRONT
OF CONSENT BOOKLET. TURN TO LABORATORY DESPATCH NOTE AND ENSURE
THAT AT ETHNICITY CODE **2** IS CIRCLED. PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF
ENDIF
ENDIF

Saliva sample

IF Respondent aged 4 and over THEN

    SalInt1

     NURSE: NOW FOLLOWS THE SALIVA SAMPLE.
     1 Continue

    SalIntr1

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves *(keeping a absorbent swab in your mouth for a few minutes {aged 16+} / using a straw to dribble saliva into a tube {aged 4-15})*. The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of 'passive' smoking.
     1 Respondent agrees to give saliva sample
     2 Respondent refuses to give saliva sample
     3 Unable to obtain saliva sample for reason other than refusal

  IF SalIntr1=Agree AND Age=16+ THEN
    SalWrit

NURSE: Ask the respondent to read and complete the 'Saliva sample' section of the consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue
    ENDIF

  IF SalIntr1=Agree AND Age=4-15 THEN
    SalWritC

NURSE: Ask the parent to read and complete the 'Saliva sample' section of the consent booklet. Show respondent the saliva sample information on the child information sheet and consent booklet.
Circle code 03 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
    ENDIF

  IF SalIntr1=Refuse
    SalCode

NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.
    ENDIF

  IF SalIntr1=Agree
    SalInst

NURSE: Ask respondent to keep the (absorbent swab in the mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the blue red label using a biro.
    Serial number:
    Date of birth:
Press <1> and <Enter> to continue.
    ENDIF

  SalObt1

NURSE CHECK:
      1 Saliva sample obtained
      2 Saliva sample refused
      3 Saliva sample not attempted
      4 Attempted but not obtained

IF SalObt1=obtained
SalHow
NURSE: Code the method used to obtain the saliva sample.
      1 Dribbled into tube
      2 Absorbent swab
ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)
SalNObt
NURSE: Record why saliva sample not obtained.
    CODE ALL THAT APPLY.
      1 Respondent not able to produce any saliva
     95 Other (specify at next question)

IF SalNObt = Other THEN
      OthNObt
NURSE: Give full details of reason(s) why saliva sample not
obtained.
Text: Maximum 140 characters
     ENDIF
   ENDIF
ENDIF

Urine Sample

ASK IF Age of Respondent 16+

UriDisp

NURSE: Now follows the Urine Sample.
>   1   Continue

UriIntro

NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people's diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?
>   1   Respondent agrees to give urine sample
>   2   Respondent refuses to give urine sample
>   3   Unable to obtain urine sample for reason other than refusal

IF UriIntro =Agree THEN
  UriWrit

NURSE: Ask the respondent to read and initial the 'Urine sample' section of the pink adult consent booklet.
Circle code 13 on front of the consent booklet.
>   Press <1> and <Enter> to continue.

ELSEIF UriIntro = Refuse THEN
  UriCode

NURSE: Circle code 14 on front of the consent booklet.
>   Press <1> and <Enter> to contine.
ENDIF

IF UriIntro = Agree THEN
  UriSamp

NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A RED LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING THE GREEN LABEL.
>   1   Continue

  UriObt1

NURSE CHECK:
>   1   Urine sample obtained
>   2   Urine sample refused
>   3   Urine sample not attempted
>   4   Attempted not obtained
ENDIF

IF (UriObt1 = Refused, Not Attempted, Attempted not Obtained) OR (UriIntro=Unable) THEN
  UriNObt

NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED
CODE ALL THAT APPLY.

     3.   Respondent not able to produce any urine
    95. Other (specify at next question)

IF (UriNObt = Other) THEN
OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED.
    Text: Maximum of 140 characters.
ENDIF
ENDIF

Venepuncture checklist

VpSys
NURSE: Which system did you use to take blood?
1 Vacutainer needle
2 Butterfly needle

VpHand
NURSE: Was the respondent left handed or right handed?
1 Left handed
2 Right handed

VpArm
NURSE: Which arm did you use to take blood?
1 Right arm
2 Left arm
3 Both

VpSkin
NURSE: Code the skin condition of the arm used.
1 Skin intact
2 Skin not intact

VpAlco
NURSE: Did you use an alcohol wipe?
1 Yes
2 No

VpSam
NURSE: Code the number of attempts made to take blood.
1 Sample taken on first attempt
2 Sample taken on second attempt
3 Both attempts failed
4 First attempt failed, did not make second attempt

VpPress
NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
1 Nurse
2 Respondent
3 Partner or spouse

VpSens
NURSE: Was the respondent sensitive to the tape or plaster?
1 Sensitive to tape/plaster
2 **Not** sensitive to tape/plaster
3 (Did not check)

VpProb
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)

CODE ALL THAT APPLY
    1   Sensory deficit
    2   Haematoma
    3   Swelling
    95 Other (DESCRIBE AT NEXT QUESTION)
    96 None

IF VpProb = Other THEN
    VpOther
NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.
    Text: Maximum 140 characters
        ENDIF

IF VpProb= Sensory deficit, Haematoma, Swelling or Other THEN
    VpDetail
    NURSE: You have coded that an abnormality was noted after 5 minutes.
    Please record the action you took when you noticed this abnormality on the office
    dispatch note. There is a space provided on the inside front cover of the adult consent
    booklet for you to write up these details fully.

PRESS <1> AND <ENTER> TO CONTINUE.
    ENDIF

    VpCheck
NURSE: Did you recheck the puncture site after completion of the blood sample module?
    1   Yes, site was re-checked
    2   No, site was not re-checked

HSE 2009

INTERVIEWER

SHOWCARDS

&

Coding Frames

CARD A

RELATIONSHIP

1   Husband / Wife

2   Partner / Cohabitee

3   Natural son / daughter

4   Adopted son / daughter

5   Foster son / daughter

6   Stepson / Stepdaughter / Child of partner

7   Son-in-law / Daughter-in-law

8   Natural parent

9   Adoptive parent

10   Foster parent

11   Step-parent

12   Parent-in-law

13   Natural brother / Natural sister (i.e. both natural parents the same)

14   Half-brother / Half-sister (i.e. one natural parent the same)

15   Step-brother / Step-sister (i.e. no natural parents the same)

16   Adopted brother / Adopted sister

17   Foster brother / Foster sister

18   Brother-in-law / Sister-in-law

19   Grandchild

20   Grandparent

21   Other relative

22   Other non-relative

CARD B

1   Own natural child

2   Other (e.g. adopted, foster, child of partner, etc)

CARD C

1   Own it outright

2   Buying it with the help of a mortgage or loan

3   Pay part rent and part mortgage (shared ownership)

4   Rent it

5   Live here rent-free (include rent-free in relative's/friend's property; excluding squatting)

6   Squatting

CARD D

1   Earnings from employment or self-employment

2   State retirement pension

3   Pension from former employer

4   Personal pensions

5   Child Benefit

6   Job-Seekers Allowance

7   Pension credit

8   Income Support

9   Working Tax Credit

10   Child Tax Credit

11   Housing Benefit

12   Other State Benefits

13   Interest from savings and investments (e.g. stocks and shares)

14   Other kinds of regular allowance from outside your household (e.g. maintenance, student grants, rent)

15   No source of income

CARD E

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

WEEKLY	or	MONTHLY	or	ANNUAL	
Less than £10	**57**	Less than £40	**57**	Less than £520	**57**
£10 less than £30	**66**	£40 less than £130	**66**	£520 less than £1,600	**66**
£30 less than £50	**55**	£130 less than £220	**55**	£1,600 less than £2,600	**55**
£50 less than £70	**74**	£220 less than £300	**74**	£2,600 less than £3,600	**74**
£70 less than £100	**62**	£300 less than £430	**62**	£3,600 less than £5,200	**62**
£100 less than £150	**73**	£430 less than £650	**73**	£5,200 less than £7,800	**73**
£150 less than £200	**65**	£650 less than £870	**65**	£7,800 less than £10,400	**65**
£200 less than £250	**51**	£870 less than £1,100	**51**	£10,400 less than £13,000	**51**
£250 less than £300	**78**	£1,100 less than £1,300	**78**	£13,000 less than £15,600	**78**
£300 less than £350	**54**	£1,300 less than £1,500	**54**	£15,600 less than £18,200	**54**
£350 less than £400	**76**	£1,500 less than £1,700	**76**	£18,200 less than £20,800	**76**
£400 less than £450	**81**	£1,700 less than £2,000	**81**	£20,800 less than £23,400	**81**
£450 less than £500	**53**	£2,000 less than £2,200	**53**	£23,400 less than £26,000	**53**
£500 less than £550	**72**	£2,200 less than £2,400	**72**	£26,000 less than £28,600	**72**
£550 less than £600	**58**	£2,400 less than £2,600	**58**	£28,600 less than £31,200	**58**
£600 less than £650	**70**	£2,600 less than £2,800	**70**	£31,200 less than £33,800	**70**
£650 less than £700	**68**	£2,800 less than £3,000	**68**	£33,800 less than £36,400	**68**
£700 less than £800	**75**	£3,000 less than £3,500	**75**	£36,400 less than £41,600	**75**
£800 less than £900	**64**	£3,500 less than £3,900	**64**	£41,600 less than £46,800	**64**
£900 less than £1,000	**71**	£3,900 less than £4,300	**71**	£46,800 less than £52,000	**71**
£1,000 less than £1,150	**69**	£4,300 less than £5,000	**69**	£52,000 less than £60,000	**69**
£1,150 less than £1,350	**80**	£5,000 less than £5,800	**80**	£60,000 less than £70,000	**80**
£1,350 less than £1,550	**79**	£5,800 less than £6,700	**79**	£70,000 less than £80,000	**79**
£1,550 less than £1,750	**60**	£6,700 less than £7,500	**60**	£80,000 less than £90,000	**60**
£1,750 less than £1,900	**52**	£7,500 less than £8,300	**52**	£90,000 less than £100,000	**52**
£1,900 less than £2,100	**67**	£8,300 less than £9,200	**67**	£100,000 less than £110,000	**67**
£2,100 less than £2,300	**59**	£9,200 less than £10,000	**59**	£110,000 less than £120,000	**59**
£2,300 less than £2,500	**77**	£10,000 less than £10,800	**77**	£120,000 less than £130,000	**77**
£2,500 less than £2,700	**61**	£10,800 less than £11,700	**61**	£130,000 less than £140,000	**61**
£2,700 less than £2,900	**56**	£11,700 less than £12,500	**56**	£140,000 less than £150,000	**56**
£2,900 or more	**63**	£12,500 or more	**63**	£150,000 or more	**63**

CARD F

1	Going to school or college full-time (including on vacation)

2	In paid employment or self-employment (or away temporarily)

3	On a Government scheme for employment training

4	Doing unpaid work for a business that you own, or that a relative owns

5	Waiting to take up paid work already obtained

6	Looking for paid work or a Government training scheme

7	Intending to look for work but prevented by temporary sickness or injury

8	Permanently unable to work because of long-term sickness or disability

9	Retired from paid work

10	Looking after the home or family

11	Doing something else **(PLEASE SAY WHAT)**

CARD G

1   Being given help to find information about your
     condition

2   Being given help to find information about the
     choices you have for care from health professionals

3   Attending a training course on your condition, such
     as the Expert Patients Programme, Challenging
     Arthritis, DAFNE for diabetes, etc.

4   Joining a support network or attending a group for
     people with a long-term condition

5   Having equipment fitted into your home

6   Other (PLEASE SAY WHAT)

7   None of these

CARD H

1   Read and used information about your condition

2   Read and used information about the choices you have for care from health professionals

3   Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.

4   Joined a support network or attended a group for people with a long-term condition

5   Had equipment fitted into your home

6   Other (PLEASE SAY WHAT)

7   None of these

CARD I

1 Blood pressure monitored by GP/other doctor/nurse

2 Advice or treatment to lose weight

3 Blood tests

4 Change diet

5 Stop smoking

6 Reduce stress

7 Other (PLEASE SAY WHAT)

CARD I2

1   Special Diet

2   Eye Screening/Regular Eye Tests

3   Regular Check-up with GP/Hospital/Clinic

4   Other (please say what)

CARD I3

1 Special Diet/Dietary Advice

2 Regular Check-up with GP

3 Regular Check-up with Hospital Clinic

4 Regular Dialysis

5 Other (please say what)

CARD J

(Spoons)

CARD K

1   Advice from a GP or health professional

2   Advert for a nicotine replacement product

3   Government TV, radio or press advert

4   Hearing about a new stop smoking treatment

5   Financial reasons (could not afford it)

6   Because of the smoking ban in all enclosed public places, including pubs and restaurants

7   I knew someone else who was stopping

8   Seeing a health warning on a cigarette packet

9   Family or friends wanted me to stop

10 Being contacted by local NHS Stop Smoking Services

11 Health problems I had at the time

12 Worried about future health problems

13 Pregnancy

14 Worried about the effect on my children

15 Worried about the effect on other family members

16 My own motivation

17 Something else

18 Cannot remember

CARD L

1   At my home (indoors or outside e.g. garden or on doorstep)

2   Outside (other than at home)

3   Inside other people's homes

4   Whilst travelling by car

5   Inside other places

CARD M

1   Outside, for example in the garden or on the doorstep

2   Own room or bedroom

3   Living room

4   Kitchen

5   Toilet

6   Bathroom

7   Study

8   Dining room

9   Everywhere

10 Somewhere else in the home

CARD N

1   In the street, or out and about

2   Outside at work

3   Outside other people's homes

4   Outside pubs or bars

5   Outside restaurants, cafes or canteens

6   Outside shops

7   Outside other places

CARD O

1   Babies aged under 2

2   Children aged 2-10

3   Children aged 11-15

4   Older adults aged 65 and older

5   Pregnant women

6   Adults aged 16-64 with asthma or breathing problems

7   No, none of these

CARD P

1 Because of a health problem I have at present

2 Better for my health in general

3 To reduce the risk of getting smoking related illnesses

4 Because of the smoking ban in all enclosed public places, including pubs and restaurants

5 Family or friends want me to stop

6 Financial reasons (cannot afford it)

7 Worried about the effect on my children

8 Worried about the effect on other family members

9 Something else

CARD Q

1   At own home

2   At work

3   In other people's homes

4   Outdoor smoking areas of pubs / restaurants / cafes

5   In other places

6   No, none of these

CARD R

1   Almost every day

2   Five or six days a week

3   Three or four days a week

4   Once or twice a week

5   Once or twice a month

6   Once every couple of months

7   Once or twice a year

8   Not at all in the last twelve months

CARD S

1 Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)

2 Strong beer, lager, stout or cider (6% alcohol or more) (eg. Tennants Super, Special Brew, Diamond White)

3 Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)

4 Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)

5 Wine (including Babycham and Champagne)

6 Alcoholic soft drinks or 'alcopops' such as Two Dogs, or a pre-mixed alcoholic drink such as Bacardi Breezer, Metz or Smirnoff Ice

7 Other alcoholic drinks

8 Low alcohol drinks only

CARD T

1   Going to school or college full-time (including on vacation)

2   In paid employment or self-employment (or away temporarily)

3   On a Government scheme for employment training

4   Doing unpaid work for a business that you own, or that a relative owns

5   Waiting to take up paid work already obtained

6   Looking for paid work or a Government training scheme

7   Intending to look for work but prevented by temporary sickness or injury

8   Permanently unable to work because of long-term sickness or disability

9   Retired from paid work

10 Looking after the home or family

11 Doing something else **(PLEASE SAY WHAT)**

CARD U

1 Degree or degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND, BEC/TEC/BTEC **not** higher

6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final Level
8 City and Guilds Craft/Ordinary Level

9 A-levels/Higher School Certificate
10 AS levels
11 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies

12 O-level passes taken in 1975 or earlier
13 O-level passes taken after 1975 GRADES A-C
14 O-level passes taken after 1975 GRADES D-E

15 GCSE GRADES A*-C
16 GCSE GRADES D-G
17 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
18 CSE GRADES 2-5/SCE Ordinary BANDS D-E
19 CSE Ungraded

20 SLC Lower
21 SUPE Lower or Ordinary

22 School Certificate or Matric

23 NVQ Level 5
24 NVQ Level 4
25 NVQ Level 3/Advanced level GNVQ
26 NVQ Level 2/Intermediate level GNVQ
27 NVQ Level 1/Foundation level GNVQ

28 Recognised Trade Apprenticeship completed
29 Clerical or Commercial Qualification (e.g. typing/bookkeeping/commerce)

CARD V

White or Mixed background:

1   White – British
2   White – Irish
3   Any other white background

4   Mixed - White and Black Caribbean
5   Mixed - White and Black African
6   Mixed - White and Asian
7   Any other mixed background

Asian or Asian British:

8   Asian or Asian British – Indian
9   Asian or Asian British – Pakistani
10   Asian or Asian British – Bangladeshi
11   Any other Asian/Asian British background

Black or Black British:

12   Black or Black British – Caribbean
13   Black or Black British – African
14   Any other Black/Black British background

Chinese or other ethnic group:

15   Chinese
16   Any other (please describe)

FRESH FRUIT SIZES

Name of Fruit	Size of Fruit	Name of Fruit	Size of Fruit
Apple (all types)	Medium	Medlar	Medium
Apricot	Small	Melon (all types)	Very large
Avocado	Large	Mineola	Large
Banana	Medium	Nectarine	Medium
Banana, apple	Small	Olive	Very small
Banana, nino	Small	Orange	Medium
Berry (other)	Very small	Passion fruit	Small
Bilberry	Very small	Papaya / Paw Paw	Large
Blackcurrant	Very small	Peach	Medium
Blackberry	Very small	Pear	Medium
Blueberry	Very small	Persimmon	Medium
Cactus pear	Medium	Pitaya	Medium
Cape gooseberry	Very small	Pineapple	Very large
Carambola / Star fruit	Medium	Physalis	Very small
Cherry	Very small	Plantain	Medium
Cherry tomatoes	Very small	Plum	Small
Chinese gooseberry	Small	Pomegranate	Medium
Chinese lantern	Very small	Pomelo/Pummelo	Large
Chirimoya / Cherimoya	Medium	Prickly pear	Medium
Clementine	Medium	Rambutans	Very small
Custard Apple	Medium	Raspberry	Very small
Damson	Very small	Redcurrants	Very small
Date (fresh)	Small	Satsuma	Medium
Dragon fruit	Large	Shaddock	Large
Elderberry	Very small	Sharon fruit	Medium
Figs (fresh)	Small	Starfruit	Medium
Gooseberry	Very small	Strawberry	Very small
Granadilla / Passion	Small	Stonefruit	Very small
Grapes (all types)	Very small	Tamarillo / Tree	Small
Grapefruit	Large	Tangerine	Medium
Greengage	Small	Tomato	Small
Grenadillo	Very small	Tomato, cherry	Very small
Guava	Medium	Tomato, beef	Large
Horned melon / Kiwano	Large	Tree tomato/Tamarillo	Small
		Ugli fruit	Large
Kiwi	Small		
Kubo	Very small		
Kumquat	Very small		
Lemon	Medium		
Lime	Medium		
Loquat	Very small		
Lychee	Very small		
Mandarin orange	Medium		
Mango	Large		

HEIGHT CONVERSION CHART

1 inch = 2.54 cm

Centimetres	Feet	Inches
46	1	6
48	1	7
51	1	8
53	1	9
56	1	10
58	1	11
61	2	0
64	2	1
66	2	2
69	2	3
71	2	4
74	2	5
76	2	6
79	2	7
81	2	8
84	2	9
86	2	10
89	2	11
91	3	0
94	3	1
97	3	2
99	3	3
102	3	4
104	3	5
107	3	6
109	3	7
112	3	8
114	3	9
117	3	10
119	3	11
122	4	0
124	4	1
127	4	2
130	4	3
132	4	4
135	4	5
137	4	6
140	4	7
142	4	8
145	4	9
147	4	10
150	4	11
152	5	0
155	5	1
157	5	2
160	5	3
163	5	4
165	5	5
168	5	6

Centimetres	Feet	Inches
170	5	7
173	5	8
175	5	9
178	5	10
180	5	11
183	6	0
185	6	1
188	6	2
191	6	3
193	6	4
196	6	5
198	6	6
201	6	7
203	6	8
206	6	9

WEIGHT CONVERSION CHART
1kg=2.2 lbs

Kg	st	lbs	Kg	st	lbs	Kg	st	lbs
6.4	1	0	29.5	4	9	52.7	8	4
6.8	1	1	30.0	4	10	53.2	8	5
7.3	1	2	30.5	4	11	53.6	8	6
7.7	1	3	30.9	4	12	54.1	8	7
8.2	1	4	31.4	4	13	54.5	8	8
8.6	1	5	31.8	5	0	55.0	8	9
9.1	1	6	32.3	5	1	55.5	8	10
9.5	1	7	32.7	5	2	55.9	8	11
10.0	1	8	33.2	5	3	56.4	8	12
10.5	1	9	33.6	5	4	56.8	8	13
10.9	1	10	34.1	5	5	57.3	9	0
11.4	1	11	34.5	5	6	57.7	9	1
11.8	1	12	35.0	5	7	58.2	9	2
12.3	1	13	35.5	5	8	58.6	9	3
12.7	2	0	35.9	5	9	59.1	9	4
13.2	2	1	36.4	5	10	59.5	9	5
13.6	2	2	36.8	5	11	60.0	9	6
14.1	2	3	37.3	5	12	60.5	9	7
14.5	2	4	37.7	5	13	60.9	9	8
15.0	2	5	38.2	6	0	61.4	9	9
15.5	2	6	38.6	6	1	61.8	9	10
15.9	2	7	39.1	6	2	62.3	9	11
16.4	2	8	39.5	6	3	62.7	9	12
16.8	2	9	40.0	6	4	63.2	9	13
17.3	2	10	40.5	6	5	63.6	10	0
17.7	2	11	40.9	6	6	64.1	10	1
18.2	2	12	41.4	6	7	64.5	10	2
18.6	2	13	41.8	6	8	65.0	10	3
19.1	3	0	42.3	6	9	65.5	10	4
19.5	3	1	42.7	6	10	65.9	10	5
20.0	3	2	43.2	6	11	66.4	10	6
20.5	3	3	43.6	6	12	66.8	10	7
20.9	3	4	44.1	6	13	67.3	10	8
21.4	3	5	44.5	7	0	67.7	10	9
21.8	3	6	45.0	7	1	68.2	10	10
22.3	3	7	45.5	7	2	68.6	10	11
22.7	3	8	45.9	7	3	69.1	10	12
23.2	3	9	46.4	7	4	69.5	10	13
23.6	3	10	46.8	7	5	70.0	11	0
24.1	3	11	47.3	7	6	70.5	11	1
24.5	3	12	47.7	7	7	70.9	11	2
25.0	3	13	48.2	7	8	71.4	11	3
25.5	4	0	48.6	7	9	71.8	11	4
25.9	4	1	49.1	7	10	72.3	11	5
26.4	4	2	49.5	7	11	72.7	11	6
26.8	4	3	50.0	7	12	73.2	11	7
27.3	4	4	50.5	7	13	73.6	11	8
27.7	4	5	50.9	8	0	74.1	11	9
28.2	4	6	51.4	8	1	74.5	11	10
28.6	4	7	51.8	8	2	75.0	11	11
29.1	4	8	52.3	8	3	75.5	11	12

WEIGHT CONVERSION CHART
1kg=2.2 lbs

Kg	st	lbs	Kg	st	lbs	Kg	st	lbs
75.9	11	13	99.1	15	8	122.3	19	3
76.4	12	0	99.5	15	9	122.7	19	4
76.8	12	1	100.0	15	10	123.2	19	5
77.3	12	2	100.5	15	11	123.6	19	6
77.7	12	3	100.9	15	12	124.1	19	7
78.2	12	4	101.4	15	13	124.5	19	8
78.6	12	5	101.8	16	0	125.0	19	9
79.1	12	6	102.3	16	1	125.5	19	10
79.5	12	7	102.7	16	2	125.9	19	11
80.0	12	8	103.2	16	3	126.4	19	12
80.5	12	9	103.6	16	4	126.8	19	13
80.9	12	10	104.1	16	5	127.3	20	0
81.4	12	11	104.5	16	6	127.7	20	1
81.8	12	12	105.0	16	7	128.2	20	2
82.3	12	13	105.5	16	8	128.6	20	3
82.7	13	0	105.9	16	9	129.1	20	4
83.2	13	1	106.4	16	10	129.5	20	5
83.6	13	2	106.8	16	11	130.0	20	6
84.1	13	3	107.3	16	12	130.5	20	7
84.5	13	4	107.7	16	13	130.9	20	8
85.0	13	5	108.2	17	0	131.4	20	9
85.5	13	6	108.6	17	1	131.8	20	10
85.9	13	7	109.1	17	2	132.3	20	11
86.4	13	8	109.5	17	3	132.7	20	12
86.8	13	9	110.0	17	4	133.2	20	13
87.3	13	10	110.5	17	5	133.6	21	0
87.7	13	11	110.9	17	6	134.1	21	1
88.2	13	12	111.4	17	7	134.5	21	2
88.6	13	13	111.8	17	8	135.0	21	3
89.1	14	0	112.3	17	9	135.5	21	4
89.5	14	1	112.7	17	10	135.9	21	5
90.0	14	2	113.2	17	11	136.4	21	6
90.5	14	3	113.6	17	12	136.8	21	7
90.9	14	4	114.1	17	13	137.3	21	8
91.4	14	5	114.5	18	0	137.7	21	9
91.8	14	6	115.0	18	1	138.2	21	10
92.3	14	7	115.5	18	2	138.6	21	11
92.7	14	8	115.9	18	3	139.1	21	12
93.2	14	9	116.4	18	4	139.5	21	13
93.6	14	10	116.8	18	5			
94.1	14	11	117.3	18	6			
94.5	14	12	117.7	18	7			
95.0	14	13	118.2	18	8			
95.5	15	0	118.6	18	9			
95.9	15	1	119.1	18	10			
96.4	15	2	119.5	18	11			
96.8	15	3	120.0	18	12			
97.3	15	4	120.5	18	13			
97.7	15	5	120.9	19	0			
98.2	15	6	121.4	19	1			
98.6	15	7	121.8	19	2			

Below is a list of some of the conditions people may mention at the long standing illness question *Illsm*. This is to help you with the spelling. It should **not** be used as a prompt for respondents.

Agoraphobia	Hodgkin's disease
Alzheimer's	Huntington's chorea
Anaemia	Hyperthyroidism (overactive thyroid)
Angina	Hypothyroidism (underactive thyroid)
Arteriosclerosis	Leukaemia
Arthritis	Lymphadenoma
Asthma	Meniere's disease
Bronchitis	Meningitis
Cataract	Migraine
Cerebral palsy	Multiple sclerosis
Colitis	Osteoarthritis
Crohn's disease	Osteoporosis
Dementia	Osteosclerosis
Diabetes	Paget's disease
Diverticulitis	Pernicious anaemia
Eczema	Psoriasis
Emphysema	Raynaud's disease
Endometriosis	Rheumatoid arthritis
Epilepsy	Rhinitis
Glaucoma	Sciatica
Haemophilia	Scoliosis
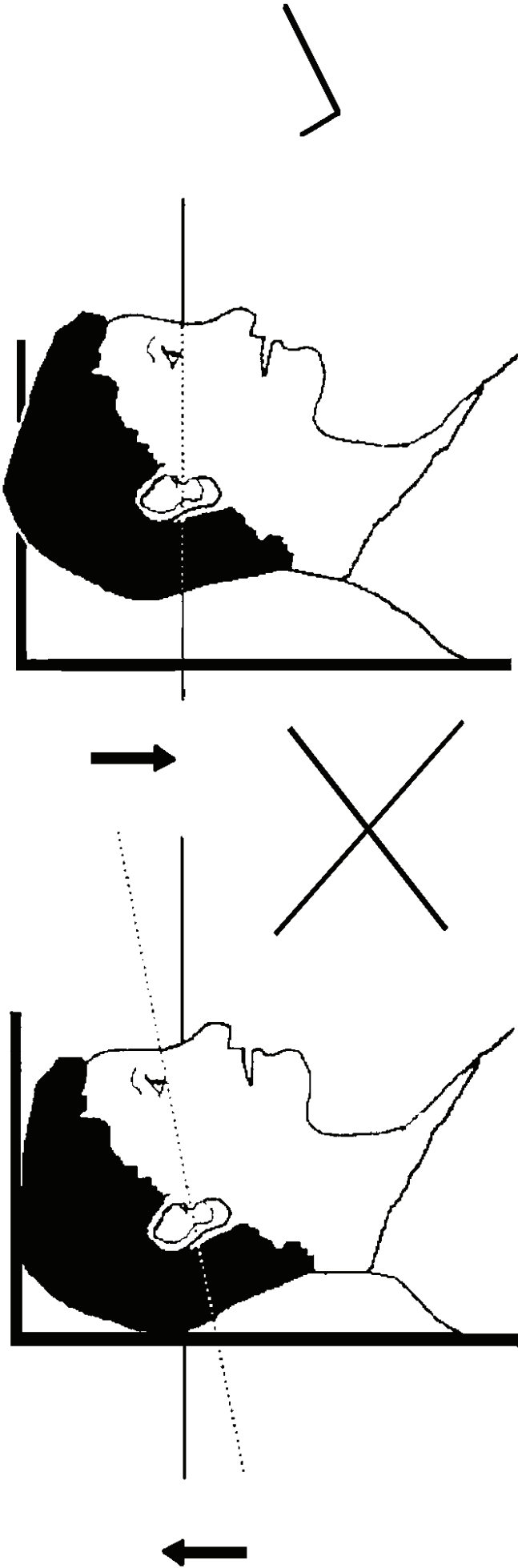
MEASURING CHILDREN'S HEIGHT

Cup the child's head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck.

HORIZONTAL

APPLY GENTLE UPWARDS PRESSURE
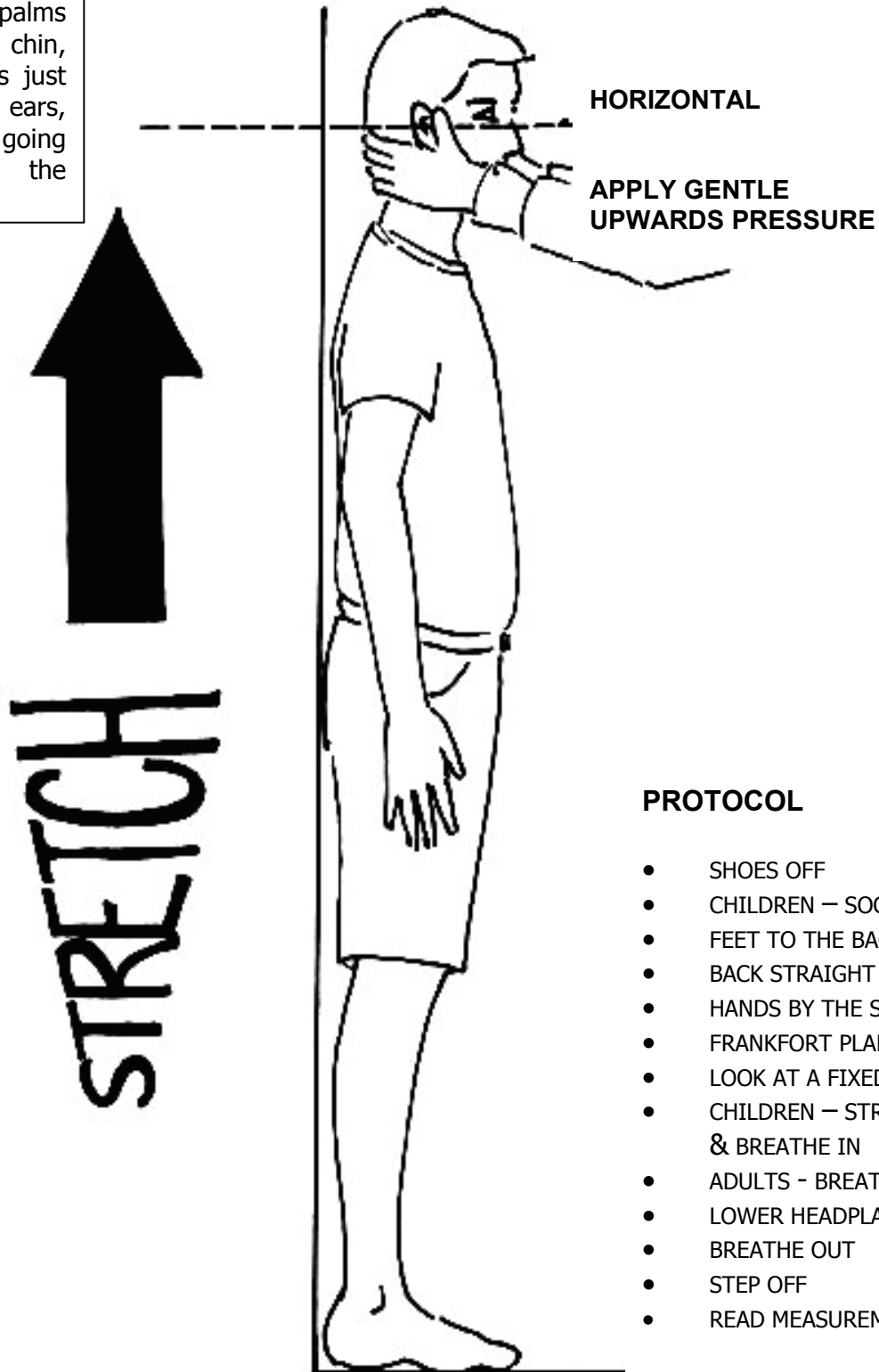
STRETCH

PROTOCOL

- SHOES OFF
- CHILDREN – SOCKS OFF
- FEET TO THE BACK
- BACK STRAIGHT
- HANDS BY THE SIDE
- FRANKFORT PLANE
- LOOK AT A FIXED POINT
- CHILDREN – STRETCH & BREATHE IN
- ADULTS - BREATHE IN
- LOWER HEADPLATE
- BREATHE OUT
- STEP OFF
- READ MEASUREMENT

For a respondent who is blind or cannot read:

Add at the bottom of the consent form

For the respondent:
"This form has been read to me and I confirm that I understand the information and give consent."

                                    Respondent's signature
                        (write in their name if they cannot sign)

For yourself:
"I confirm that I read this consent form word for word to [insert name] who understood the information and gave informed consent."

                        Interviewer signature and date

If someone else is available as a witness:
"I confirm that the interviewer read out the form and explained it to [insert name], and that [name] understood and agreed."

                            Witness signature and date

The Health Survey for England 2009

CONSENT BOOKLET

P8927
Please use capital letters and write in ink

House / Flat number (or name): _____

_____

Postcode: ☐ ☐ ☐ ☐   ☐ ☐ ☐

Survey month: _____

POINT ☐ ☐ ☐   ADDRESS ☐ ☐

HHLD ☐   CKL ☐   PERSON NO ☐ ☐

1. Nurse number ☐

2. Date schedule completed   DAY ☐ ☐   MONTH ☐ ☐   YEAR ☐ ☐

3. Full name (of person interviewed) _____

Name by which GP knows person (if different) _____

4. Sex   Male   1   Female   2

5. Date of birth: DAY ☐ ☐   MONTH ☐ ☐   YEAR ☐ ☐

6. Full name of parent/guardian (*if person under 18*) _____

7. **GP NAME AND ADDRESS** (Please complete fully)
Dr: ………………………………………………………
Practice Name: ……………………………………………
Address: …………………………………………………
………………………………………………………………
Town: ………………………………………………………
County: ……………………………………………………
Postcode: …………………………………………………
Telephone no: …………………………………………

8. **NURSE USE ONLY**

GP address complete   1
GP address incomplete   2
No GP   3

9.

SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM	YES	NO
a) Blood pressure to **GP**	01	02
b) Sample of blood to be taken	03	04
c) Blood sample results to **GP**	05	06
d) Blood sample for **storage**	07	08
e) Blood sample results to **respondent**	09	10
f) Saliva sample to be collected	11	12
g) Urine sample to be collected	13	14

THE HEALTH SURVEY FOR ENGLAND 2009

DISPATCH NOTE FOR BLOOD, SALIVA and URINE SAMPLES
(OFFICE COPY)

1. AGE GROUP: TICK SAMPLE TUBES OBTAINED:

16+ [1]   Plain [ ]   EDTA [ ]   Citrate [ ]   Saliva [ ]   Urine [ ]

2. BLOOD/SALIVA/URINE
   TAKEN: Day [ ][ ]   Month [ ][ ]   Year [ ][ ][ ][ ]

3. BLOOD/SALIVA/URINE
   DESPATCH: Day [ ][ ]   Month [ ][ ]   Year [ ][ ][ ][ ]

Venepuncture

Please complete:

1. Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took.

Serial No.:

Survey: Health Survey for England 2009

BLOOD PRESSURE TO GP CONSENT

BP (A)

Please initial box if consent given

1. *I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.*

    I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

BLOOD SAMPLE CONSENT

BS (A)

Please initial box if consent given

1. *I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.*

    I have read the Information for Participants leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

2. *I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.*

3. *I consent to any remaining blood being stored for future analysis. I have read the Information for Participants leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.*

SALIVA SAMPLE CONSENT

S (A)

1. *I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.*

   This saliva sample will <u>only</u> be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

   The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

URINE SAMPLE CONSENT

U (A)

1. *I consent to a qualified nurse/midwife collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.*

   This urine sample will <u>only</u> be tested for sodium, potassium, creatinine and albumin. It will not be tested for substance abuse.

   The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (nurse): _____

Signed (nurse): _____

Date: _____

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

Complete <u>all</u> sections CLEARLY and LEGIBLY and enclose with samples to lab.

	POINT	ADDRESS	HHLD	CKL	PERSON

1.   SERIAL NUMBER: **F** ☐☐☐☐   ☐☐   ☐   ☐   ☐☐

2.   SEX: Male | 1 |
              Female | 2 |

3.   DATE OF BIRTH: Day ☐☐   Month ☐☐   Year ☐☐☐☐

4.   AGE GROUP: TICK SAMPLE TUBES OBTAINED:

     16+ | 1 | Plain ☐   EDTA ☐   Citrate ☐   Saliva ☐   Urine ☐

5.   ETHNICITY: 6.   DATE BLOODS/ SALIVA/ URINE TAKEN:
     Black | 1 |
                            Day ☐☐   Month ☐☐   Year ☐☐☐☐
     Other/NA | 2 |

7.   STORAGE CONSENT: 8.   NURSE NUMBER: ☐☐☐☐☐☐
                    Given | 1 |
     Not given/not applicable | 2 |

LABELLING ON SAMPLE TUBES AND THIS FORM <u>MUST</u> CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

TUBES ENCLOSED:	✓ if rec'd	ACTION REQUIRED
		IF ITEM 4 ABOVE = 1
Plain Red	☐	Total cholesterol Ferritin HDL cholesterol C-reactive protein Creatinine eGFR Store if item 7 does **NOT** = 2
EDTA Purple	☐	Haemoglobin Glycated haemoglobin
Citrate Blue	☐	Fibrinogen
Saliva	☐	
Urine	☐	Sodium / Potassium / Creatinine Microalbumin (Alb/Creat ratio)

NatCen National Centre *for* Social Research

NHS The Information Centre for health and social care

UCL

The Health Survey for England 2009

P8927

CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

House / flat number (or name):

_____

Postcode:

Full name of person giving sample

_____

Full name of parent/ guardian

_____

Survey Month: _____

Serial No.

Date schedule completed — DAY MONTH YEAR

Nurse number:

Sex: Male 1 Female 2

Date of birth: DAY MONTH YEAR

SUMMARY OF CONSENTS – CIRCLE APPROPRIATE CODE	YES	NO
a) Saliva sample to be collected	11	12

1

09-3n

THE HEALTH SURVEY FOR ENGLAND 2009
DISPATCH NOTE
FOR SALIVA SAMPLE CHILD AGED 4-15
(OFFICE COPY)

P8927

1. AGE GROUP:

4-15 | 2 |

TICK SAMPLE TUBES OBTAINED:

Saliva | |

2. SALIVA TAKEN: Day | | | Month | | | Year | | | | |

3. SALIVA DISPATCHED: Day | | | Month | | | Year | | | | |

2

NHS

NatCen
National Centre for Social Research

The
Information
Centre
for health and social care

UCL

The Health Survey for England 2009

P8927

Serial No. ☐☐☐☐ ☐☐ ☐ ☐ ☐☐

SALIVA CONSENT FORM (Child aged 4-15)
1. I am the parent/ guardian of the child named on this booklet and I consent to a qualified nurse/ midwife collecting a sample of his/ her saliva on behalf of the National Centre for Social Research/ UCL.

This saliva sample will only be tested for cotinine, a derivative of nicotine. It will not be tested for substance abuse.

2. The purpose and procedure have been explained to me by the nurse/ midwife and I have had an opportunity to discuss this with him/ her.

Respondent
(Child) name: _____

Parent/
Guardian name:_____

Parent/
Guardian signature: _____   **Date:**_____

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

3

THE HEALTH SURVEY FOR ENGLAND 2009   **P8927**
DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER **F** ☐☐☐☐☐☐ ☐☐

2. SEX: MALE **1** FEMALE **2**   3. DATE OF BIRTH: DAY ☐☐ MONTH ☐☐ YEAR ☐☐

4. AGE GROUP: 4-15 **2**   TICK SAMPLE TUBE OBTAINED: Saliva ☐

5. SALIVA TAKEN: DAY ☐☐ MONTH ☐☐ YEAR ☐☐

6. STORAGE CONSENT: Not applicable **2**   7. NURSE NUMBER: ☐☐☐☐☐☐

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY:

	ACTION REQUIRED
TUBES ENCLOSED: ✓ if rec'd	
Saliva ☐	**THIS SAMPLE IS NOT FOR STORAGE**

4